



SEIZURE ACTION PLAN

Effective Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: _____ Date of Birth: _____ Program: _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Treating Physician: _____ Phone: _____

Significant medical history: _____

SEIZURE INFORMATION:

| <i>Seizure Type</i> | <i>Age on onset</i> | <i>Frequency of seizure</i> | <i>Description of student's seizure activity</i> |
|---------------------|---------------------|-----------------------------|--|
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Seizure triggers or warning signs: _____

BASIC FIRST AID: CARE & COMFORT:

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|---|--|
| <p>IF YOU SEE THIS:</p> <p>(Non-Convulsive—Complex Partial, Absence)</p> <ul style="list-style-type: none"> • Glassy stare, fidgeting, sit/stand/walk aimlessly, make lip smacking or chewing motions, appear confused • These are usually brief <p>(Convulsive—Grand Mal, Tonic Clonic)</p> <ul style="list-style-type: none"> • May fall, stiffen or have jerking movements. May be incontinent, unresponsive, have labored breathing, increased secretions from mouth, dilated pupils. • Convulsions usually last several minutes. Confusion and sleepiness persist longer. | <p>DO THIS:</p> <ul style="list-style-type: none"> • Stay calm. • Call office/333 for assistance. • Track the time and details of seizure including time of onset, duration, observations of movements, levels of consciousness. • Stay with the person. • Provide safety and privacy. • Do not try to stop or restrain the person. • Help to lying position as needed and put something under the head. • Try to remove harmful objects from the person's pathway. • Do not put anything in person's mouth. • AFTER seizure, turn the person to their side to prevent choking. Keep airway open and watch breathing. • Do not leave them alone (as they may be confused or disoriented) until they are fully alert. • Allow/provide rest. • Other: |
|---|--|

Does student need to leave the classroom after a seizure? YES NO

If YES, describe process for returning student to classroom

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school office/nurse by dialing 333.
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

- A Seizure is generally considered an Emergency when:
- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - ✓ Student has repeated seizures without regaining consciousness
 - ✓ Student has a first time seizure
 - ✓ Student is injured
 - ✓ Student has diabetes
 - ✓ Student has breathing difficulties
 - ✓ Student has a seizure in water

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

| Daily Medication | Dosage & Time of Day Given | Common Side Effects & Special Instructions |
|------------------|----------------------------|--|
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Emergency/Rescue Medication: (please note an Administration of Medication at School form is needed for medications to be given at school).

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use _____

ADDITIONAL SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

The completed "Seizure Action Plan" will be on file with the school nurse and a copy will be given to your child's teachers, as necessary.