

# SEIZURE ACTION PLAN

Student  
Photo

School \_\_\_\_\_

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

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade/Rm. \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Cell \_\_\_\_\_ Work Tel \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Tel \_\_\_\_\_

Cell \_\_\_\_\_ Work Tel \_\_\_\_\_

Treating Physician \_\_\_\_\_ Tel \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Triggers or warning signs \_\_\_\_\_

## SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Seizure lasting > \_\_\_\_\_ minutes

\_\_\_\_\_ or more Seizures in \_\_\_\_\_ hour(s)

Other \_\_\_\_\_

### SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

CONTACT NURSE/CLINIC STAFF AT \_\_\_\_\_

Call 911 for transport to \_\_\_\_\_

Notify parent or emergency contact

Notify doctor

Administer emergency medications as indicated below

Other \_\_\_\_\_

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

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency Medication/ Instructions: \_\_\_\_\_

### Call 911 if

Seizure does not stop within \_\_\_\_\_ minutes of giving Emergency medication

Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (NO Emergency medication given)

Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (AFTER Emergency medication is given)

Seizure does not stop by itself or with VNS within \_\_\_\_\_ minutes

### Following a seizure

Child should rest in clinic.

Child may return to class (specify time frame \_\_\_\_\_)

Notify parent immediately.

Send a copy of the seizure record home with child for parents.

Notify physician.

Other \_\_\_\_\_

**Seizure Information** - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> <li>• Staring</li> <li>• Eye blinking</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of awareness</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Simple partial	<ul style="list-style-type: none"> <li>• Remains conscious</li> <li>• Distorted sense of smell, hearing, sight</li> </ul>	<ul style="list-style-type: none"> <li>• Involuntary rhythmic jerking/twitching on one side</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Complex partial	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Not fully responsive/unresponsive</li> </ul>	<ul style="list-style-type: none"> <li>• May appear fearful</li> <li>• Purposeless, repetitive movements</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Stiffening</li> <li>• Breathing may be shallow</li> <li>• Lips or skin may have bluish color</li> </ul>	<ul style="list-style-type: none"> <li>• Unconsciousness</li> <li>• Confusion, weariness, or belligerence when seizure ends</li> <li>• Other _____</li> </ul>

Seizure usually lasts \_\_\_\_\_ minutes and returns to baseline in \_\_\_\_\_ minutes.

Triggers or warning signs \_\_\_\_\_

**Call parents under the following circumstances**

1. \_\_\_\_\_
2. \_\_\_\_\_

<b>Basic Seizure First Aid</b>
<ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep child safe</li> <li>• Do not restrain</li> <li>• Do not put anything in mouth</li> <li>• Stay with child until fully conscious</li> <li>• Record seizure in log</li> </ul>
<b>For tonic-clonic (grand mal) seizure:</b>
<ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open/watch breathing</li> <li>• Turn child on side</li> </ul>

<b>A Seizure is generally considered an EMERGENCY when</b>
<ul style="list-style-type: none"> <li>• A convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>• Student has repeated seizures without regaining consciousness</li> <li>• Student has a first time seizure</li> <li>• Student is injured or has diabetes</li> <li>• Student has breathing difficulties</li> <li>• Student has a seizure in water</li> </ul>

**Special Considerations and Safety Precautions (regarding school activities, sports, trips, etc.)**

**Signatures**

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Physician Signature Date

I received a copy of the Section 504 Procedural Safeguards for the current school year: \_\_\_\_\_  
**Parent Signature**