



# SEIZURE ACTION PLAN

Teachers/Grade \_\_\_\_\_

Bus # \_\_\_\_\_

**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: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_

**SEIZURE INFORMATION:**

| <i>Seizure Type</i> | <i>Average length</i> | <i>Description</i> |
|---------------------|-----------------------|--------------------|
|                     |                       |                    |
|                     |                       |                    |
|                     |                       |                    |

Average frequency: \_\_\_\_\_  
 Seizure triggers or warning signs: \_\_\_\_\_  
 Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:** (Please describe basic first aid procedures)

**Basic Seizure First Aid:**

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record time of onset & duration

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

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 nurse
  - Call 911 for transport to \_\_\_\_\_
  - Notify parent or emergency contact
  - Notify doctor if needed
  - 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 or has diabetes
- ✓ Student has a first-time seizure
- ✓ Student has breathing difficulties

**TREATMENT PROTOCOL**

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

**\*Emergency/Rescue Medication**

**\*See Medication Form**

Does student have a Vagus Nerve Stimulator (VNS)? YES NO  
 If YES, Describe magnet use \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC: School Faculty (Principal, Assistant Principal, Secretary, Office Aide, Classroom/PE/Art/Music Teachers, Cafeteria Mgr, DARE Officer, Guidance Counselor, Librarian), School Health File, School Health Nurse, Bus Driver