

## **SEIZURE ACTION PLAN**

School Year: \_\_\_\_\_ 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: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Significant Medical History:** \_\_\_\_\_

**SEIZURE INFORMATION:** Age of child when seizures started? \_\_\_\_\_

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_  
 Student's reaction to seizure after a seizure is over: \_\_\_\_\_  
 How do other illnesses affect child's seizures? \_\_\_\_\_

Daily Seizure Medication	Dosage & Time	Common Side Effects & Special Instructions

**BASIC FIRST AID: CARE & COMFORT:**

In addition to Basic Seizure First Aid, what other procedures should be done when child has a seizure?

Does student need to leave the classroom after a seizure?  YES  NO  
 Should an extra change of clothes be kept at school?  YES  NO  
 Does child have a VNS?  YES  NO  
 If yes, when should magnet be used? \_\_\_\_\_

**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 seizure in log

**For tonic-clonic (grand mal) seizure:**

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

**EMERGENCY RESPONSE:**

A "seizure emergency" for this student is: \_\_\_\_\_

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

- Follow Seizure Emergency Guidelines
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Other \_\_\_\_\_
- Administer **EMERGENCY/RESCUE MEDICATION** as indicated below:  
(Name, amount, route, frequency)

**Seizure Emergency Guidelines**

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 breathing difficulties
- ✓ Student has a seizure in water

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

Recommendations for physical activity:  unrestricted  restricted (explain)  supervision (explain)

Does the student need any special activity adaptations/protective equipment (e.g., helmet) at school?  YES (explain)  NO

Physician Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Guardian Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reviewed by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_