



SEIZURE ACTION PLAN

School Year _____

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

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

Parent/Guardian: _____ Phone: _____ Cell: _____

Treating Physician: _____ Phone: _____

Significant medical history: _____

SEIZURE INFORMATION:

Table with 4 columns: Seizure Type, Length, Frequency, Description

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT:

(Please describe basic first aid procedures)

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:

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

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

- Contact school nurse at
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 or has diabetes
- Student has breathing difficulties
- Student has a seizure in water

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

Table with 3 columns: Daily Medication, Dosage & Time of Day Given, Common Side Effects & Special Instructions

Emergency/Rescue Medication

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.)

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____