

Seizure Action Plan

Effective Date

Phone Cell	This child is being treate The information below s	ed for a seizure disord hould assist you if a s	er. eizure occur	s during school hours.	
Phone Cell	Student's Name				
Seizure Information	Parent/Guardian		F	Cell	
Seizure Information Seizure Type	Other Emergency Contact	Phone			Cell
Seizure Information Seizure Type	Treating Physician		F	Phone	
Seizure triggers or warning signs Seizure triggers or warning signs Student's reaction to seizure(s) Basic First Aid: Care & Comfort Please describe basic first aid procedures Does student need to leave the classroom after a seizure? If YES, describe process for returning student to classroom Emergency Response A 'seizure emergency' for this student is defined as: Contact school nurse at Call 911 for transport to Notify parent or emergency medications as indicated below Notify doctor Notify parent or emergency medications as indicated below Notify doctor Treatment Protocol During School Hours (include daily and emergency medications) Treatment Protocol During School Hours (include daily and emergency medications) Does student have a Vagus Nerve Stimulator	Significant medical history				
Seizure triggers or warning signs Seizure triggers or warning signs Student's reaction to seizure(s) Basic First Aid: Care & Comfort Please describe basic first aid procedures Does student need to leave the classroom after a seizure? If YES, describe process for returning student to classroom Emergency Response A 'seizure emergency' for this student is defined as: Contact school nurse at Call 911 for transport to Notify parent or emergency medications as indicated below Notify doctor Notify parent or emergency medications as indicated below Notify doctor Treatment Protocol During School Hours (include daily and emergency medications) Treatment Protocol During School Hours (include daily and emergency medications) Does student have a Vagus Nerve Stimulator	Seizure Information				
Basic Seizure First Aid Stay calm & track time Sepondis safe Do not restrain Do not anything in mouth Stay with child unif fully consclous Record seizure in log For tonic-clonic (grand mai) seizure Protect head A seizure semergency for this student is defined as: Contact school nurse at Call 911 for transport to Administer emergency medications as indicated below Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Treatment Protocol During School hours (include daily and emergency medications) Time of Day Given Common Side Effects & Special Instructions Special Considerations and Precautions (regarding school activities, sports, trips, etc.)		Length I	requency	Description	· · · · · · · · · · · · · · · · · · ·
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Call 911 for transport to Administer emergency medications as indicated below Student has a seizure in water					☐ Do not put anything in mouth
Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at Call 911 for transport to Notify parent or emergency medications Notify doctor Other Treatment Protocol During School Hours (include daily and emergency medications) Emerg. Med. V Medication Dosage & Time of Day Given Does student have a Vagus Nerve Stimulator Yes No If YES, describe magnet use Physician Signature Parent/Guardian Signature For tonic-clonic (grand mal) seizure: Protect head Repe almay open/watch breathing Repe almay open/watch breathing Repeating Considered an emergency when Convulsive (tonic-clonic) seizure lasts Ionger than 5 minutes Student has repeated seizures withour regaining consciousness Student has a first-time seizure Student has a first-time seizure Student has a seizure in water Treatment Protocol During School Hours (include daily and emergency medications) Emerg. Med. V Medication Dosage & Time of Day Given Common Side Effects & Special Instructions Does student have a Vagus Nerve Stimulator Yes No If YES, describe magnet use					
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Emergency Response A "seizure emergency" for this student is defined as: Seizure Emergency Protocol (Check all that apply and clarify below) Contact school nurse at Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Student has a first-time seizure Student has a seizure in water Treatment Protocol During School Hours (include daily and emergency medications) Student has a seizure in water Treatment Protocol During School Hours (include daily and emergency medications)					
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Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Physician Signature Date Parent/Guardian Signature Date			<u> </u>	N	
Physician Signature Date	Does student have a Vag	us Nerve Stimulator	⊔ Yes ⊔	No If YES, describe mag	inet use
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Parent/Guardian Signature Date	Special Consideratio	ons and Precautions	(regarding	school activities, sports,	urps, etc./
Parent/Guardian Signature Date					
Parent/Guardian Signature Date					
Parent/Guardian Signature Date	Physician Signature	:		Dat	e
	Parent/Guardian Signature				e