

## **SEIZURE ACTION PLAN**

Return completed form to School Nurse:

Effective Date of Plan: \_\_\_\_\_ School year \_\_\_\_\_

THE INFORMATION BELOW IS TO ASSIST SCHOOL PERSONNEL SHOULD A SEIZURE OCCUR DURING SCHOOL HOURS.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **SEIZURE INFORMATION:**

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Other Significant medical history: \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**ANY SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** No heights, no work with hazardous machinery or behind the wheel driver's training. List any other precautions particular to the Vocational School setting (shop activities and cooperative work experience restrictions): \_\_\_\_\_

**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:**

Other criteria for a "seizure emergency" for this student is defined as: \_\_\_\_\_

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

- ☐ Contact school nurse at: ext. 333 ("in school medical emergency extension")
- ☐ Call 911 for transport to closest hospital emergency room.
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Other: \_\_\_\_\_

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

<i>Daily Medication</i>	<i>Dosage &amp; Time of Day Given</i>	<i>Common Side Effects &amp; Special Instructions</i>

Emergency/Rescue Medication: \_\_\_\_\_

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

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

#### **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

#### **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

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

I consent to the release of information contained in this plan to school staff or emergency care personnel who may need to know this information. I consent to the release of information between my child's Medical Care Team school nurse for the purpose of seizure management in school.

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