



# SEIZURE ACTION PLAN

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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Significant medical history: \_\_\_\_\_

### SEIZURE INFORMATION:

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:  
\_\_\_\_\_

**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 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
- 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)

***Emergency Medication***	Dosage & Length of Seizure prior to administration	Common Side Effects & Special Instructions
1.)		
Routine Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
1.)		
2.)		
3.)		

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.)*

\_\_\_\_ No climbing above 3-4 feet. No ladders, rock walls, ropes.  
\_\_\_\_ Playground equipment with stairs and railing okay.  
\_\_\_\_ Swimming with 1:1 adult supervision. Helmet for Bicycle. **Other:** \_\_\_\_\_

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

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