

## **Seizure Action Plan**

**Effective Date** 

school hours. Student's Name		Date of Birth			
Parent/Guardian		Phone		Cell	
Other Emergency Contact		Phone		Cell	
reating Physician			Phone		
Significant Medical Histor	У				
Seizure Information					
Seizure Type	Length	Frequency	Description		
Seizure triggers or warnir	ng signs:	Student's	s response after a seizure:		
	4.00				
Basic First Aid: Care & Comfort			Basic Seizure First Aid		
Please describe basic first aid procedures:				Stay calm & track time     Keep child safe     Do not restrain	
Does student need to leave the classroom after a seizure?   Yes  No  If YES, describe process for returning student to classroom:				Do not restrain     Do not put anything in mouth     Stay with child until fully conscious     Record seizure in log	
					TES, describe process
Emergency Response				Protect head     Keep airway open/watch breathing	
"seizure emergency" fo		ergency Protocol	<u> </u>	• Turn child on side	
		at apply and clarify below)		A seizure is generally considered an emergency who	
	☐ Contact s	chool nurse at	<ul> <li>Convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>Student has repeated seizures withour egaining consciousness</li> <li>Student is injured or has diabetes</li> <li>Student has a first-time seizure</li> <li>Student has breathing difficulties</li> </ul>		
		or transport to			
		ent or emergency			
	1	er emergency med			
	☐ Notify do	otor			
	☐ Other			Student has a seizure in water	
Treatment Protocol: merg.		ours (include da lge &	ally and emergency medic	cations)	
Med. ✓ Medication				cts & Special Instructions	
Does student have a <b>Va</b> ç	us Nerve Stimulat	or? 🛘 Yes 🖺	J No If YES, describe may	gnet use:	
Jood Oldabin havo a 1 Li			· · · · · · · · · · · · · · · · · · ·		
Special Consideration	ons and Precauti	ons (regarding	school activities, sports,	trips, etc.)	
Describe any special cor					
Physician Signature			_		
Parent/Guardian Signat	ture		Date	DPC7	