

Form 7: SEIZURE EMERGENCY ACTION PLAN

To be used in conjunction with Parent Request/Consent, Physician Authorization & Emergency Care Procedure

Place pupil's
photo here

Pupil:	DOB:	Date:
School:	Teacher/Rm:	Grade:
Parent Contact Information:		
Physician Information:		

☐ Diastat/Other Medication in Health Office ☐ Pupil will have Diastat in classroom, or _____

Signs of seizure activity may include:

- | | | |
|---|---|---|
| <input type="checkbox"/> Staring / Rapid eye blinking | <input type="checkbox"/> Jerking movements of the arms and legs | <input type="checkbox"/> Stiffening of the body |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Breathing problems or breathing stops | <input type="checkbox"/> Loss of bowel or bladder control |
| <input type="checkbox"/> Nodding the head | <input type="checkbox"/> No response to noise / touch for brief periods | <input type="checkbox"/> Lip smacking /sucking /drooling |
| <input type="checkbox"/> Lips become blue | <input type="checkbox"/> Falling suddenly for no apparent reason | <input type="checkbox"/> Appearing confused or in a haze |
| <input type="checkbox"/> Flushed or pale skin tone | <input type="checkbox"/> Sweating | <input type="checkbox"/> Other: _____ |

IF SEIZURE ACTIVITY OCCURS, PROVIDE THE FOLLOWING MEASURES:

- Remain calm! No one can stop a seizure once it starts.
- Note time seizure activity started, part of body involved, type of movement, any injury, any breathing problems and skin color.
- Remain with pupil and send another pupil or staff member for help. **CONTACT SCHOOL NURSE**
- Clear room of other pupils and provide as much privacy as possible.
- Protect pupil's head from injury by placing folded blanket, towel or jacket under head.
- If possible, assist pupil to lie down on his/her side to keep airway clear from saliva and vomit.
- Do not attempt to hold down or restrain pupil's movements. Restraining movements can cause fractures or bruising.
- Do not place objects, food, drink or medication in mouth. This can cause aspiration, vomiting, broken teeth, bitten tongue.
- Do not move pupil if injury has occurred

DOES PUPIL HAVE A VAGUS NERVE STIMULATOR (VNS)? ☐ NO ☐ YES: REFER TO ATTACHED STANDARD PROCEDURE

- If YES, describe magnet use: _____
- Swipe _____ times every _____ seconds. Call 911 if still seizing after _____ VNS Swipes.
- Give swipes before any emergency medication.

EMERGENCY PLAN OF ACTION—DIASTAT ADMINISTRATION

1. Administer DIASTAT (diazepam rectal gel) _____ MG rectally for seizure lasting > _____minutes and/or > _____seizures in _____ hours

OR for the following symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Seizure lasts longer than five (5) minutes | <input type="checkbox"/> You are alarmed by the frequency or severity of seizure(s) |
| <input type="checkbox"/> Pupil has one seizure after another without waking up | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Seizure behavior is different from other episodes | |

2. CALL 911 IF DIASTAT IS GIVEN OR IF:

- | | |
|--|--|
| <input type="checkbox"/> You are alarmed by the color or breathing of the person | <input type="checkbox"/> The pupil is pregnant or has diabetes |
| <input type="checkbox"/> This is the pupil's first seizure | |

3. Stay with pupil at all times!! Monitor color and breathing.

4. Commence CPR/First aid if needed prior to EMS arrival.

5. Notify Parent/Guardian.

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____