

# 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 _____ |
| Other Emergency Contact _____     | Phone _____ Cell _____ |
| Treating Physician _____          | Phone _____            |
| Significant Medical History _____ |                        |

## Seizure Information

| Seizure Type | Length | Frequency | Description |
|--------------|--------|-----------|-------------|
|              |        |           |             |
|              |        |           |             |
|              |        |           |             |

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

Student's response after a 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 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 \_\_\_\_\_
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

## Treatment Protocol During School Hours (Include daily and emergency medications)

| Emerg. Med. ✓ | 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: \_\_\_\_\_

## Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_