

Seizure Action Plan

School Yr _____



Student First Name: _____ Last Name: _____ DOB: _____

Parent/Guardian: _____ (h) _____ (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

Emergency Response

A "seizure emergency" for this student is defined as:

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

Call 911 for transport to: _____

Contact School Nurse at: _____

Notify parent or emergency contact

Notify doctor

Administer emergency medications as indicated below

Does student have a **Vagus Nerve Stimulator (VNS)**? Describe magnet use: _____

Emergency/Rescue Medication: _____

Treatment Protocol During School Hours *(include daily and emergency medication)*

Daily medication	Dosage and Time of Day Given	Special Instructions	Date Received in Health Office

Special Considerations & Safety Precautions *during school activities, sports, trips, swimming restrictions, etc.*

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Licensed School Nurse 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