

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 _____ Birthdate _____

Mother/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Father/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Treating Physician _____ Tel _____

Significant Medical History _____

Current Medications _____

Allergies _____

SEIZURE EMERGENCY PROTOCOL

- Diazepam rectal gel _____ mg rectally PRN for seizure > _____ minutes OR, for _____ or more seizures in _____ hours. Following administration of Diazepam rectal gel, call parents to pick up child.
- Use Vagal Nerve Stimulator (VNS) magnet
- Other _____

Call 911 if

- Seizure does not stop by itself or with VNS within _____ minutes
- Seizure does not stop within _____ minutes of giving Diazepam rectal gel
- Child does not start waking up within _____ minutes after seizure is over (NO Diazepam rectal gel given)
- Child does not start waking up within _____ minutes after seizure is over (AFTER Diazepam rectal gel is given)

Following a seizure

- Child should rest in clinic.
- Child may return to class (specify time frame _____)
- Notify parents immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other _____

School Transportation

- Please check if student requires emergency medication while using school transportation

Considerations for School Transportation: _____

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> • Staring • Eye blinking 	<ul style="list-style-type: none"> • Loss of awareness • Other _____
<input type="checkbox"/> Simple partial	<ul style="list-style-type: none"> • Remains conscious • Distorted sense of smell, hearing, sight 	<ul style="list-style-type: none"> • Involuntary rhythmic jerking/twitching on one side • Other _____
<input type="checkbox"/> Complex partial	<ul style="list-style-type: none"> • Confusion • Not fully responsive/unresponsive 	<ul style="list-style-type: none"> • May appear fearful • Purposeless, repetitive movements • Other _____
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> • Convulsions • Stiffening • Breathing may be shallow • Lips or skin may have bluish color 	<ul style="list-style-type: none"> • Unconsciousness • Confusion, weariness, or belligerence when seizure ends • Other _____

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Triggers or warning signs _____

Call parents under the following circumstances

1. _____
2. _____

Basic Seizure First Aid
<ul style="list-style-type: none"> • 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:
<ul style="list-style-type: none"> • Protect head • Keep airway open/watch breathing • Turn child on side

A Seizure is generally considered an EMERGENCY when
<ul style="list-style-type: none"> • 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

Authorization for the Release of Information: I hereby give permission for _____ school to exchange specific confidential medical information with _____ (physician/clinic) on my child _____ to develop more effective ways of providing for the healthcare needs of my child in school.

Signatures

Parent/Guardian Signature

Date

Physician Signature

Date