

SEIZURE ACTION PLAN

(page 1)

School _____ Start Date _____ End 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 _____ Grade/Rm. _____

Mother/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Father/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Treating Physician _____ Tel _____

Allergies _____

Triggers or warning signs _____

Daily Medication Dosage & Time of Day Given Common Side Effects & Special Instructions

Seizure Information - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> <i>Absence</i>	• <i>Staring</i> • <i>Eye blinking</i>	• <i>Loss of awareness</i> • <i>Other</i> _____
<input type="checkbox"/> <i>Simple partial</i>	• <i>Remains conscious</i> • <i>Distorted sense of smell, hearing, sight</i>	• <i>Involuntary rhythmic jerking/twitching on one side</i> • <i>Other</i> _____
<input type="checkbox"/> <i>Complex partial</i>	• <i>Confusion</i> • <i>Not fully responsive/unresponsive</i>	• <i>May appear fearful</i> • <i>Purposeless, repetitive movements</i> • <i>Other</i> _____
<input type="checkbox"/> <i>Generalized tonic clonic</i>	• <i>Convulsions</i> • <i>Stiffening</i> • <i>Breathing may be shallow</i> • <i>Lips or skin may have blush color</i>	• <i>Unconsciousness</i> • <i>Confusion, weariness, or belligerence when seizure ends</i> • <i>Other</i> _____

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

Triggers or warning signs _____

Following a seizure

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

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 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

SEIZURE EMERGENCY

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

- ☐ Seizure lasting > _____ minutes
- ☐ _____ or more Seizures in _____ hour(s)
- ☐ Other _____

SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

- ☐ **Call 911** for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer **Emergency Medication Dosage/Route** _____
- ☐ **Emergency Medication/ Instructions:** _____
- ☐ Other _____

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

Signatures

Parent/Guardian Signature

Date

Physician Signature

Date