



Fax to _____ School MRN: _____

Seizure Action Plan

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 Medical Provider	Phone	

Significant Medical History: **Epilepsy**

Seizure Information

Seizure Type	Duration	Frequency	Description

Seizure triggers or warning signs: _____ Student's response after a seizure: _____

Basic First Aid: Care and Comfort

For basic first aid procedures see attached handout "First Aid for Seizures"
 Student needs to leave the classroom after a seizure if he/she is unable to participate in the educational program and may return to classroom when able to participate in their educational program.

Emergency Response

SEE DEFINITION OF SEIZURE EMERGENCY TO THE RIGHT

Seizure Emergency Protocol (check additional measures that apply)

- X Contact school nurse.
- X Call 911.
- X Notify parents or emergency contact.
- X Ask parent to contact medical provider.
- Administer emergency medications as indicated below.

Treatment Protocol During School Hours (daily and emergency medications)

Emer. Med. <input checked="" type="checkbox"/>	Medication	Dosage and Time Given	Common Side Effects/Special Instructions
	Diazepam gel (Diastat)	_____ mg per rectum for seizure longer than _____ minutes	May cause respiratory depression and/or sedation; call 911 if given.

Basic Seizure First Aid

- Stay calm and track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth (exception: oral dissolving clonazepam, if prescribed as needed for seizure)
- Stay with child until fully conscious
- Record in seizure log

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

A seizure is considered an emergency when:

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

Does student have a **Vagus Nerve Stimulator**? YES NO If YES, describe magnet use: _____

Special Considerations and Precautions (school activities, sports, trips etc.) Describe any special considerations or precautions:
 See attached handout "Safety Guidelines For Children"

Medical Provider Signature	Date
Parent/Guardian Signature	Date