



# SEIZURE ACTION PLAN

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_

**SEIZURE INFORMATION:**

Seizure Type	Length	Frequency	Description

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

**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)*

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below

**TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

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

Emergency Medication	Dosage	Common Side Effects & Special Instructions

- 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
  - ✓ Student has a seizure in water

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** *(regarding school activities, sports, trips, etc.)*

**Does Student have a Vagus Nerve Stimulator (VNS)?** Yes No

**Transportation Procedure:** If a seizure activity occurs on the bus, the driver will call base and base will call 911 and parent/guardian immediately. Diastat will not be administered on the school bus.

I give consent to the release of information to all staff members and other adults who have custodial care of my child and who may know this information to maintain my child's health and safety. I also authorize reciprocal release of information related to epilepsy/seizure disorders between the school nurse and the health care provider.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_