

SEIZURE ACTION PLAN

Student School Photo THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS. Birthdate Grade/Rm. **EMERGENCY CONTACTS** Relationship Telephone number 1. ______ Tel ______ Treating Physician Significant Medical History _____ Allergies Triggers or warning signs SEIZURE EMERGENCY PROTOCOL A "seizure emergency" for this student is defined as: Start Date ____ End Date ____ ☐ Seizure lasting > _____ minutes □ or more Seizures in hour(s) □Other SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW) □ CONTACT NURSE/CLINIC STAFF AT _____ ☐ Call 911 for transport to _____ ☐ Notify parent or emergency contact □ Notify doctor ☐ Administer emergency medications as indicated below □ Other TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications) Dosage & Time of Day Given Common Side Effects & Special Instructions Daily Medication Emergency Medication/ Instructions: **Call 911 if** □ Seizure does not stop within _____ minutes of giving Emergency medication
□ Child does not start waking up within _____ minutes after seizure stops (NO Emergency medication given)
□ Child does not start waking up within _____ minutes after seizure stops (AFTER Emergency medication is given)
□ Seizure does not stop by itself or with VNS (Vagal Nerve Stimulator) within _____ minutes 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

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

Seizure Type(s) Description			Description		
	Absence	•Staring •Eye blinking	•Loss of awareness •Other		
_	Simula	•Remains conscious			
	Simple partial	•Distorted sense of smell, hearing, sight	•Involuntary rhythmic jerking/twitching on one side •Other		
	Complex partial	•Confusion •Not fully responsive/unresponsive	•May appear fearful •Purposeless, repetitive movements •Other		
	Generalized tonic-clonic	•Convulsions •Stiffening •Breathing may be shallow	• Unconsciousness eathing may be shallow • Confusion, weariness, or belligerence when seizure en • Other		
	Myoclonic •Quick muscle jerks		•Sudden unprotected limb or b	•Sudden unprotected limb or body jerks	
	Atonic •Sudden head drop		•Sudden collapse of body to g	•Sudden collapse of body to ground	
	Non-Seizure Psychogenic Events	Psychogenic			
Call	parents under	gnsthe following circumstances			
	Basic Seizure First Aid		A Seizure is generally considered an EMERGENCY when		
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 Special Considerations and Safety Precautions (reconstructions)		hild safe restrain put anything in mouth ith child until fully conscious seizure in log -clonic (grand mal) seizure: head irway open/watch breathing hild on side	A convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student sustains a head injury during episode Student has a first-time seizure Student is injured or has diabetes Student has blue/grey color change Student has breathing difficulties Student has a seizure in water		
Siar	natures			. eN	
				psi raining the point of education	
Parent/Guardian Signature			Date	University Hospitals	

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Date

Physician Signature

Reviewed by Dr. Carly Wilbur