

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: _____

Effective order date: _____

Date of Birth: _____ Wt. _____ Allergies _____

Current medication(s) include daily and emergency meds: _____

Significant Medical History: _____

Treatment:

- DIASTAT® (diazepam rectal gel) _____ mg rectally prn for: _____
Seizure > _____ minutes OR for _____ or more seizures in _____ hours
- Use VNS (vagal nerve stimulator) Magnet _____
- Other _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

EMERGENCY RESPONSE:

- Call 911 if
 - Seizure does not stop by itself or with VNS within _____ minutes
 - Seizure does not stop within _____ minutes of giving DIASTAT
 - Child does not start waking up within _____ minutes after seizure is over (no DIASTAT given)
 - Child does not start waking up within _____ minutes after seizure is over (after DIASTAT given)

Following a seizure: Student may stay in the classroom
 Child should rest in nurse's office
 Child may return to class
 Parents/caregiver should be notified immediately
 Parents/caregiver should receive a note/copy of the seizure record sent home with the child or verbal report

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

Parent/Guardian: _____ Signature: _____

Phone: _____

Treating Physician: _____ Signature: _____

Phone: _____

Parent/Guardian signature authorizes these forms may be duplicate and reviewed with appropriate school personnel, teachers, and coaches.

SEIZURE INFORMATION:

Seizure triggers or warning signs:

Type of seizure(s)

Description*

Absence

- Staring
- Eye blinking

- Loss of awareness
- Other

Simple partial seizures

- Remains conscious
- Distorted sense of
Smell, hearing, sight

- Involuntary rhythmic jerking/
twitching on one side
- Other

Complex partial seizures

- Confused
- Not fully responsive/
Unresponsive

- May appear fearful
- Purposeless, repetitive
movements
- Other

Generalized tonic-
Clonic seizures

- Convulsions
- Stiffening
- Breathing may be shallow
- Lips or skin may have
Bluish color

- Unconsciousness
- Confusion, weariness, or
belligerence when seizure ends
- Other

Additional info: _____

*Student may experience some or all of the listed symptoms during a specific seizure.

Seizure usually lasts _____ minutes

Returns to baseline in _____ minutes

Students reaction to seizure _____

Treatment for seizure _____

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

