Seizure Action Plan 2023-24

Effective Date [ ]

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: [ ] [ ] [ ] [ ]

Other Emergency Contact: [ ] Phone: [ ] [ ] [ ] [ ]

Child's Nuerologist: [ ] Phone: [ ] [ ] [ ] [ ]

Primary Care Physician: [ ] Phone: [ ] [ ] [ ] [ ]

Significant medical history: [ ]

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs [ ]

Student's reaction to seizure(s) [ ]

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. [ ]

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

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
☐ Administer emergency medications as indicated below
☐ Notify doctor
☐ Other [ ]

A seizure is generally considered an emergency when:
- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes.
- Student has repeated seizures. withoutregaining consciousness.
- Student is injured or has diabetic.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water.

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. X	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
☐			
☐			
☐			

Does student have a **Vagus Nerve Stimulator ?** ☐ Yes ☐ No If YES, describe magnet use [ ]

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

[ ]

Physician's Signature [ ] Date: [ ]

Parent/Guardian's Signature [ ] Date: [ ]