

Seizure Action Plan

Effective Date

Student's Name	This studen		ted for a seizure	e disorder. The i	information below should as	sist you if a seizure occurs during
Other Emergency Contact Phone Cell Treating Physician Significant Medical History Seizure Information Seizure Type Length Frequency Description Seizure Type Length Frequency Description Seizure Seizure First Aid: Seizure Emergency Response after a seizure: Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? If YES, describe process for returning student to classroom: Emergency Response A "seizure emergency" for this student is defined as: Call 911 for transport to Check all that apply and clarify below) Contact school nurse at Continue and Continues at Continues and Continues					Date of Birth	
Seizure Information Seizure Security Basic First Aid: Care & Comfort Please describe basic first aid procedures: Execution Information Does student need to leave the classroom after a seizure? Pose student need to leave the classroom after a seizure? Information Information Seizure Security Seizure Information Seizure Emergency Response A "seizure emergency" for Check all that apply and clarify below) Contact school nurse at Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Treatment Protocol During School Hours (include daily and emergency medications) Treatment Protocol During School Hours (include daily and emergency medications) Does student have a Vagus Nerve Stimulator?	Parent/Guardian				Phone	Cell
Seizure Information Seizure Type	Other Emergency Contact				Phone	Cell
Seizure Type	Treating Physician				Phone	
Seizure Type	Significant Me	edical History				
Seizure triggers or warning signs: Student's response after a seizure:	Seizure Inf	ormation				
Basic First Aid: Care & Comfort Please describe basic first aid procedures:	Seizur	е Туре	Length	Frequency	Description	
Basic First Aid: Care & Comfort Please describe basic first aid procedures:				. ,		
Basic First Aid: Care & Comfort Please describe basic first aid procedures:						
Basic First Aid: Care & Comfort Please describe basic first aid procedures:						
Please describe basic first aid procedures: Describe process for returning student to classroom: Please describe basic first aid procedures:	Seizure trigge	ers or warning s	igns:	Student's	s response after a seizure:	
Please describe basic first aid procedures: Stay calm & track time Neep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Pecord seizure in log Protect head Protect head	Basic First Aid: Care & Comfort					Basic Seizure First Aid
Does student need to leave the classroom after a seizure?						
Does student need to leave the classroom after a seizure?						
## Record seizure in log For tonic-clonic seizure:						Do not put anything in mouth
Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at						
Emergency Response A "seizure emergency" for this student is defined as: Contact school nurse at Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Notify doctor Other Student has a seizure in water	ii 1E3, descri	ibe process for	returning studen	t to classicom.		, and the second
A "seizure emergency" for this student is defined as: Seizure Emergency Protocol (Check all that apply and clarify below)						Protect head
A "seizure emergency" for this student is defined as: Contact school nurse at Convolsive (tonic-clonic) seizure lasts longer than 5 minutes Call 911 for transport to Notify parent or emergency contact Administer emergency medications as indicated below Student has repeated seizures without regaining consciousness Student has repeated seizures without regaining consciousness Student has a first-time seizure Student has a first-time seizure Student has a first-time seizure Student has a seizure in water Treatment Protocol During School Hours (include daily and emergency medications) Emerg. 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.) Describe any special considerations or precautions: Date Date	Emergency Response					
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 Treatment Protocol During School Hours (include daily and emergency medications) Emerg. Med. \(\text{Medication} \) Medication Dosage & Time of Day Given Common Side Effects & Special Instructions Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Physician Signature Date Physician Signature A Structure is gelitearly considered an emergency when: Consider that 5 minutes Student has repeated seizures without regaining consciousness Student has repeated seizures with						
Contact school nurse at	this student is defined as:		- -			considered an emergency when:
Call 911 for transport to			☐ Contact so	chool nurse at		
Notify parent or emergency contact					longer than 5 minutes	
Administer emergency medications as indicated below Notify doctor Other 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.						
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Treatment Protocol During School Hours (include daily and emergency medications) Emerg. Med. V 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.) Describe any special considerations or precautions: Physician Signature					9	
Emerg. 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.) Describe any special considerations or precautions: Physician Signature Date						Student has a seizure in water
Med. Medication	Treatment	Protocol Dur	ing School Ho	ours (include da	aily and emergency medic	ations)
Does student have a Vagus Nerve Stimulator?		Medication			Common Side Effe	rte & Special Instructions
Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations or precautions: Physician Signature Date	ivied. V	Medication	Time or D	ay Given	Common Side Lines	cis a opecial instructions
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Physician Signature Date	-				school activities, sports, t	rips, etc.)
	Describe any	special conside	erations or preca	utions:		
	Physician Signature				Data	
	-	_			Date	