

# Seizure Emergency Action Plan

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Classroom/Homeroom:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone (c):** \_\_\_\_\_ **(h):** \_\_\_\_\_ **(w):** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Phone (c):** \_\_\_\_\_ **(h):** \_\_\_\_\_ **(w):** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

SEIZURE INFORMATION			
Seizure type	Length	Frequency	Description
Seizure triggers or warning signs:			Response after seizure:
Daily medications (see below for emergency medications):			Dietary adjustments due to medication (complete diet order if needed):
<b>Special considerations and precautions:</b>			
TREATMENT			
<input type="checkbox"/> <b>Absence</b> <input type="checkbox"/> <b>Atonic</b> <input type="checkbox"/> <b>Focal impaired awareness (Complex partial)</b> <input type="checkbox"/> <b>Infantile spasms</b>	<ol style="list-style-type: none"> <li>1. Stay with the student during and after the seizure. Although the student may appear conscious, they may lose awareness of surroundings.</li> <li>2. Be prepared to assist student to the floor if they lose consciousness.</li> <li>3. Time seizure(s) and watch for clusters.</li> <li>4. Document seizure in log.</li> <li>5. Notify parent/guardian.</li> </ol> <b>Special Instructions:</b> _____		
<input type="checkbox"/> <b>Tonic-clonic</b>	<ol style="list-style-type: none"> <li>1. Do not restrain movement. Let the seizure run its course.</li> <li>2. Turn student on side. Loosen the student's collar.</li> <li>3. Do not place anything in the mouth. Remove hard, sharp objects from the area.</li> <li>4. If possible, turn student's head to the side in the event student vomits. (Use "Universal Precautions" if student vomits.)</li> <li>5. Observe, note time, and be prepared to describe the pattern of the seizure.</li> <li>6. Record details as they occur or as soon as possible thereafter.</li> <li>7. Notify parent/guardian.</li> <li>8. When seizure is over, allow the student to rest.</li> <li>9. Stay with the student until fully recovered or parent/guardian arrives.</li> </ol>		
<b>Administer Emergency Medication:</b>	<b>Diastat Order:</b> _____ Per rectum for seizure lasting ____ minutes or ____ or more seizures in a row. <b>Other Emergency Medication Order:</b> (Order will be reviewed for ability to administer at school) _____ <b>Vagus Nerve Stimulator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location of VNS: _____   Swipe after _____ minutes Repeat swipe if: _____ (Include maximum number of times to swipe)		
<b>Call 911</b>	<b>Call 911 if:</b> Diastat or Versed given and/or : <ul style="list-style-type: none"> <li>• The seizure lasts more than _____ minutes</li> <li>• The student has a continuous seizure, or cluster of <math>\geq</math> ____ seizures</li> <li>• The student remains unconscious after the seizure</li> <li>• The student is having difficulty breathing</li> <li>• Any injury resulted from the seizure.</li> <li>• _____</li> </ul>		
<b>Activity Instructions</b>	<b>OK to swim?</b> <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> needs to wear life vest <input type="checkbox"/> needs one on one supervision <b>Other:</b> _____		

**Physician's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I give permission to school staff to give the medication listed above as instructed, and to contact MD for questions. My preferred method of notification is:*   \_\_\_ Phone   \_\_\_ Email   \_\_\_ Other

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reviewed by School Health Nurse:** \_\_\_\_\_

**Date:** \_\_\_\_\_