Seizure Action Plan
with Emergency Seizure Care Instructions

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Seizure Information

What types of seizures does your child have? Describe seizure symptoms in more detail below.

<table>
<thead>
<tr>
<th>Seizure Type</th>
<th>Length</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
</table>

Seizure triggers or warning signs?

Student’s response after a seizure?

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Basic Seizure First Aid:
- Stay calm & track time
- Keep child safe
- Stay with child until fully conscious
- Record seizure in log
- Do not restrain
- Do not put anything in mouth

For tonic-clonic (grand mal) seizure:
- Protect head
- Keep airway open, watch breathing
- Turn child on side

Does student need to leave the classroom after a seizure? NO YES

If YES, describe process for returning student to the classroom:

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:
- 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 diabetic
- Student has breathing difficulties
- Student has a seizure in water
Treatment Protocol During School Hours

What medication(s) does your child take?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Time of day given</th>
<th>Common Side Effects &amp; Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have a Vagus Nerve Stimulator?  
NO  YES  If YES, please describe magnet use:

SPECIAL CONSIDERATIONS AND PRECAUTIONS (regarding school activities, sports, trips, etc)

Describe any special considerations or precautions:

EMERGENCY SEIZURE CARE INSTRUCTIONS

Name and purpose of the prescribed emergency anti-seizure medication:

<table>
<thead>
<tr>
<th>Emergency Medication</th>
<th>Dosage</th>
<th>Administration Instructions (timing* &amp; method**)</th>
<th>The frequency of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*After 2nd or 3rd seizure, for cluster of seizure, etc.  **Orally, under tongue, rectally, etc.

When should emergency anti-seizure medication be administered?

Describe in detail the seizure symptoms, including frequency, type, and length of seizures that identify when the administration of an emergency anti-seizure medication becomes necessary.

The circumstances under which the medication may be administered:

Any potential adverse responses by the student and recommended actions and when to call 911:

A protocol for observing the student after a seizure:

Who should be contacted to continue observation plan?

Physician Name  
Physician Signature:  
Date

Parent/Guardian Name  
Parent/Guardian Signature:  
Date