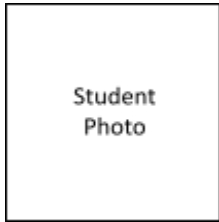




SEIZURE ACTION PLAN



School _____ Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER.

THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student _____ Birthdate _____ Grade/Rm. _____

EMERGENCY CONTACTS:

NAME	RELATIONSHIP	TELEPHONE NUMBER

Treating Physician _____ Telephone _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

BASIC SEIZURE FIRST AID	WHEN IS A SEIZURE AN EMERGENCY?	EMERGENCY RESPONSE
<ul style="list-style-type: none"> Stay calm and track time Keep student from injury Do not restrain student Put nothing in student's mouth Turn student on their side Stay with student until conscious Record episode in log 	<ul style="list-style-type: none"> Tonic-clonic convulsions > 5 minutes Repeated seizures without recovery Student is injured Student has Diabetes First episode of seizure for student Seizure occurs underwater Student experiences breathing difficulty Student does not respond to medications 	<ul style="list-style-type: none"> Create a safe physical space Protect student's airway Call school nurse at _____ Call 911 for transport to _____ Administer emergency medications Notify parent/ emergency contact Other: _____

EMERGENCY MEDICATIONS:

	MEDICATION NAME	DOSE	ROUTE	FREQUENCY	SIDE EFFECTS/SPECIAL INSTRUCTIONS
DAILY					
PRN					

Does this student have permission to self-carry intranasal AED? Yes No

Does student have a Vagus Nerve Stimulator? Yes No If yes, describe magnet use: _____

Protocol following in-school seizure:	Convert to EMERGENCY Protocol if:
<input type="checkbox"/> Rest in clinic under observation <input type="checkbox"/> Return to class after minutes <input type="checkbox"/> Log seizure activity in student's records <input type="checkbox"/> Notify parent/ listed emergency contact <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seizures are back-to-back without return to baseline <input type="checkbox"/> Emergency meds do not stop seizure after minutes <input type="checkbox"/> Student does not return to baseline after minutes <input type="checkbox"/> Seizure does not stop despite activating VNS <input type="checkbox"/> Other: _____

Special Considerations and Safety precautions (regarding school activities, sports, trips): _____

Parent/Guardian _____
Printed name Signature Date

Physician _____
Printed name Signature Date