

Seizure Action Plan

School Year: _____

Student
Picture
Here

Bus Driver's Instructions:

	No medication available for all symptoms Call 911
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School:	Address:	Phone:
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Student's Name:	DOB:	Gr:	Rm:	Teacher:
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Student's Address:

Parent / Guardian:	Phone:	Other:
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Parent / Guardian:	Phone:	Other:
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Treating Physician:	Phone:
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Hospital of Choice:	<i>Closest unless otherwise specified</i>
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Type of Seizure(s): *(enter type - per Healthcare Provider documentation)*

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Seizure Information:

Date of last seizure: What can trigger an episode?	
Describe a typical seizure and how long it lasts.	
How often does it occur?	
Response after seizure?	

Basic First Aid: Care & Comfort: How to Handle a Seizure

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| <ol style="list-style-type: none"> 1. Note time the seizure begins and ends. 2. Stay calm. Track time. Keep child safe. 3. Do not restrain. 4. Direct the person away from hazards or remove objects around student such as chairs, desks, or tables to provide a safe environment 5. Loosen tight clothing and turn student on side, if able. Remove glasses. 6. Do not attempt to put anything in student's mouth. 7. Stay with student until fully recovered. Allow student to rest after seizure. 8. Document how long seizure lasted and report to parents or emergency personnel, as needed. |
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Seizure Emergency Protocol - most seizures are not medical emergencies, however:

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| <ol style="list-style-type: none"> 1. Contact building nurse at: _____ or walkie-talkie. Notify parent or emergency contact of situation. 2. Call 911 for transport if: <ol style="list-style-type: none"> a. seizure lasts longer than _____ minutes b. student has one seizure immediately following another c. student is having difficulty breathing d. seizure medication is administered e. seizure occurs in water f. student or parent requests an ambulance 3. Administer emergency medications as indicated below. |
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Treatment Protocol During School Hours (including daily and emergency medication):

Medication	Dosage/Route	Special Instructions

Name :

Gr.

Year:

Daily Medication taken at home:

Emergency Plan and Medication, if available, will accompany student on all field trips.

Nurse Signature		Date	
Parent/ Guardian Signature		Date	
Physician/Healthcare Provider		Date	
504 rights and brochure given to Parent/Guardian:	Date:	or	IEP – Special Ed
			Initials:

Types of Seizures	Signs/Symptoms
Generalized Tonic Clonic (previously called Grand Mal)	Convulsions, muscle rigidity, jerking
Absence (previously called Petit Mal)	Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions
Complex Partial (psychomotor/temporal lobe)	Random activity where the person is out of touch with his/her surroundings
Simple Partial	Jerking in one of more parts of the body or sensory distortions that may or may not be obvious to onlookers
Atonic (Drop attacks)	Sudden collapse with recovery within a minute
Myoclonic	Sudden brief massive jerks involving all or part of the body

Source: Epilepsy Foundation

Seizure Observation Record

Student Name:			
Date & Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries? (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			

Please put additional notes on back as necessary.