

## **SEIZURE ACTION PLAN**

Student Photo

School		1 11000
THIS STUDENT IS BEING TREATED FOR A SEIZU SHOULD ASSIST YOU IF A SEIZURE OCCURS DU		ON BELOW
Student	Birthdate	Grade/Rm
EMERGENCY CONTACTS		
Name	Relationship	Telephone number
1		
2		
Treating PhysicianSignificant Medical History		<del></del>
Allergies		
Triggers or warning signs		
SEIZURE EMERGENCY PROTOCOL		
A "seizure emergency" for this student is defined as:	Start Date	End Date
☐ Seizure lasting > minutes ☐ or more Seizures in hour(s)		
Othernoun(s)		
	OCOL: (CHECK ALL THAT APPLY	AND CLARIFY BELOW)
☐ CONTACT NURSE/CLINIC STAFF AT ☐ Call 911 for transport to		
□ Notify parent or emergency contact		
☐ Notify doctor		
☐ Administer emergency medications as indicated be	elow	
□ Other		
TREATMENT PROTOCOL DURING SCHOOL	HOURS: (include daily and en	nergency medications)
	Day Given Common Side	Effects & Special Instructions
Emergency Medication/ Instructions:		
Call 911 if		
☐ Seizure does not stop within	minutes of giving Emergency med	lication
☐ Child does not start waking up within ☐ Child does not start waking up within	minutes after seizure stops	(NO Emergency medication given) (AFTER Emergency medication is given)
☐ Seizure does not stop by itself or with VNS		
E.H		
Following a seizure  ☐ Child should rest in clinic.		
☐ Child may return to class (specify time fram	ne	)
☐ Notify parent immediately.		,
☐ Send a copy of the seizure record home with	n child for parents.	
□ Notify physician.		
□ Other		

**Seizure Information** - Student may experience some or all of the listed symptoms during a specific seizure.

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Seizure Type(s)  ☐ Absence	- C4		Description •Loss of awareness		
☐ Absence	•Staring •Eye blinking				
☐ Simple partial	•Remains conscious •Distorted sense of smell, hearing, significant sense of smell, he		•Involuntary rhythmic jerking/twitching on one side •Other		
☐ Complex partial	•Confusion •Not fully responsive/unresponsive	•Purposel	May appear fearful     Purposeless, repetitive movements     Other		
Generalized tonic-clonic	•Convulsions •Stiffening •Breathing may be shallow	•Unconsc •Confusio	<ul> <li>Lips or skin may have blush color</li> <li>Unconsciousness</li> <li>Confusion, weariness, or belligerence when seizure ends</li> <li>Other</li> </ul>		
☐ Myoclonic	•Quick muscle jerks	•Sudden ı	•Sudden unprotected limb or body jerks		
□ Atonic	•Sudden head drop	•Sudden o	•Sudden collapse of body to ground		
□ Non-Seizure Psychogenic Events	Description:				
Call parents unde	signsr the following circumstances				
	Basic Seizure First Aid		e is generally	considered an	
Stay calm & track time     Keep child safe     Do not restrain     Do not put anything in mouth     Stay with child until fully conscious     Record seizure in log  For tonic-clonic (grand mal) seizure:     Protect head     Keep airway open/watch breathing     Turn child on side  Special Considerations and Safety Precautions (regard		longer ti Student regainin Student Student Student Student Student Student Student	longer than 5 minutes Student has repeated seizures without regaining consciousness Student sustains a head injury during episode Student has a first-time seizure Student is injured or has diabetes Student has blue/grey color change Student has breathing difficulties Student has a seizure in water		
Signatures				• **	
	Parent/Guardian Signature		Date	PSI stating	
Physician Signature			Date	University Hospitals Rainbow Babies & Children's Reviewed by Dr. Carly Wilbur	

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