

SEIZURE ACTION PLAN

Student Photo

School		1 11000				
THIS STUDENT IS BEING TREATED FOR A SEIZUR SHOULD ASSIST YOU IF A SEIZURE OCCURS DUI		TION BELOW				
Student	Birthdate	Grade/Rm				
EMERGENCY CONTACTS						
Name	Relationship	Telephone number				
1						
2. 3.						
Treating PhysicianSignificant Medical History						
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)						
SEIZURE EMERGENCY PROTO						
☐ CONTACT NURSE/CLINIC STAFF AT ☐ Call 911 for transport to						
□ Notify parent or emergency contact						
☐ Notify doctor						
☐ Administer emergency medications as indicated below						
☐ Other						
TREATMENT PROTOCOL DURING SCHOOL F	IOURS: (include daily and e	mergency medications)				
Daily Medication Dosage & Time of Da		e Effects & Special Instructions				
Emergency Medication/ Instructions:						
Call 911 if						
☐ Seizure does not stop within	minutes of giving Emergency me	dication				
☐ Child does not start waking up within ☐ Child does not start waking up within	minutes after seizure stops	(NO Emergency medication given)				
☐ Seizure does not stop by itself or with VNS (
	/ _					
Following a seizure						
☐ Child should rest in clinic.☐ Child may return to class (specify time frame		,				
☐ Notify parent immediately.	<u> </u>	/				
☐ Send a copy of the seizure record home with child for parents.						
☐ Notify physician.						
□ Other						

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

a · m / ·		D				
Seizure Type(s) ☐ Absence	- C4		Description •Loss of awareness			
☐ Absence	•Staring •Eye blinking		• Other			
☐ 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	 Lips or skin may have blush color Unconsciousness Confusion, weariness, or belligerence when seizure ends Other 			
☐ 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		
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		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		

Revised 10/2019 Seizures Page 2