



Seizure Action Plan

This information below should assist you if a seizure occurs during school hours.

Name

Emergency Contact

Phone

Cell

Other Emergency Contact

Phone

Cell

Treating Physician

Phone

Cell

Significant Medical History

Seizure Information

Seizure Type

Length

Frequency

Description

Students response after a seizure:

Basic First Aid: Care and Comfort

Please describe basic first aid procedures:

Does the individual need to leave the school after a seizure?

Yes No

Basic Seizure First Aid
<ul style="list-style-type: none"> • Stay Calm & Track Time • Keep Individual Safe • Do Not Restrain • Do Not Put Anything In Mouth • Stay With Individual Until Fully Conscious <p>FOR TONIC-CLONIC SEIZURE</p> <ul style="list-style-type: none"> • Protect Head • Keep Airway Open/Watch Breathing • Turn Individual On Side

A Seizure Is Generally Considered An Emergency When:
<ul style="list-style-type: none"> • Convulsive (Tonic- Clonic) Seizure Lasts Longer Than 5 Minutes. • Individual Has Repeated Seizures Without Regaining Consciousness • Individual Is Injured, Has Diabetes, Or Is Pregnant • Individual Has A First Time Seizure • Individual Does Not Start Breathing After A Convulsive Seizure • Individual Had A Seizure In Water

Emergency Response	
<p>A "Seizure Emergency" for this individual is define as:</p>	<p>Seizure Emergency Protocol (Check all that apply and clarify below)</p> <p><input type="checkbox"/> Contact Manager at _____</p> <p><input type="checkbox"/> Call 911 for transport to _____</p> <p><input type="checkbox"/> Notify Emergency Contact</p> <p><input type="checkbox"/> Administered emergency medication as indicated below</p> <p><input type="checkbox"/> Notified Doctor</p> <p><input type="checkbox"/> Other:</p>

Treatment Protocol During School Hours (Include daily and emergency medications)			
Emergency Medication	Medication	Dosage & Time Of Day Given	Common Side Effects & Special Instructions

Does Individual have a **Vagus Nerve Stimulator**? Yes No

<p>Special Considerations and Precautions:</p>

Physician Signature _____ Date _____

Student Signature _____ Date _____