# Seizure Action Plan

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

<table>
<thead>
<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Phone</th>
<th>Cell</th>
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<table>
<thead>
<tr>
<th>Other Emergency Contact</th>
<th>Phone</th>
<th>Cell</th>
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<thead>
<tr>
<th>Treating Physician</th>
<th>Phone</th>
<th>Cell</th>
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## Significant Medical History

### Seizure Information

<table>
<thead>
<tr>
<th>Seizure Type</th>
<th>Length</th>
<th>Frequency</th>
<th>Description</th>
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**Students response after a seizure:**

- [ ] Yes
- [ ] No

### 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

• Stay Calm & Track Time
• Keep Individual Safe
• Do Not Restrained
• Do Not Put Anything In Mouth
• Stay With Individual Until Fully Conscious

FOR TONIC-CLONIC SEIZURE

• Protect Head
• Keep Airway Open/Watch Breathing
• Turn Individual On Side

A Seizure Is Generally Considered An Emergency When:

• 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

A “Seizure Emergency” for this individual is define as:

Seizure Emergency Protocol
(Check all that apply and clarify below)

☐ Contact Manager at ____________________________
☐ Call 911 for transport to _________________________
☐ Notify Emergency Contact
☐ Administered emergency medication as indicated below
☐ Notified Doctor
☐ Other:

Treatment Protocol During School Hours (Include daily and emergency medications)

<table>
<thead>
<tr>
<th>Emergency Medication</th>
<th>Medication</th>
<th>Dosage &amp; Time Of Day Given</th>
<th>Common Side Effects &amp; Special Instructions</th>
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Does Individual have a Vagus Nerve Stimulator?  ☐ Yes  ☐ No

Special Considerations and Precautions:

Physician Signature ____________________________ Date _______________________

Student Signature ____________________________ Date _______________________