



SEIZURE ACTION PLAN

Effective Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name: _____ Date of Birth: _____
 Parent/Guardian: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Phone: _____
 Significant medical history: _____

SEIZURE INFORMATION:

Seizure Type	Average length	Description

Average frequency: _____
 Seizure triggers or warning signs: _____
 Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT: (Please describe basic first aid procedures)

- Basic Seizure First Aid:**

 - ✓ 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

Does student need to leave the classroom after a seizure? YES NO
 If YES, describe process for returning student to classroom _____

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as: _____

- ✓ Seizure Emergency Protocol: (Check all that apply and clarify below)
- Contact school nurse at _____
 - Call 911 for transport to _____
 - Notify parent or emergency contact
 - Notify doctor
 - Administer emergency medications as indicated below
 - Other _____

- A Seizure is generally considered an Emergency when:

 - ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - ✓ Student has repeated seizures without regaining consciousness
 - ✓ Student has a first time seizure
 - ✓ Student is injured or has diabetes
 - ✓ Student has a first-time seizure
 - ✓ Student has breathing difficulties

TREATMENT PROTOCOL DURING SCHOOL HOURS:

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication _____

Does student have a Vagus Nerve Stimulator (VNS)? YES NO
 If YES, Describe magnet use _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____



QUESTIONNAIRE FOR A PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

CONTACT INFORMATION:

Nurse's Name: _____ Phone: _____
 Student's Name: _____ School Year: _____
 School: _____ Grade: _____ Classroom: _____
 Parent/Guardian Name: _____ Tel. (H): _____ (W): _____ (C): _____
 Other Emergency Contact: _____ Tel. (H): _____ (W): _____ (C): _____
 Child's Neurologist: _____ Tel: _____ Location: _____
 Child's Primary Care Dr.: _____ Tel: _____ Location: _____
 Significant medical history or conditions: _____

SEIZURE INFORMATION:

- When was your child diagnosed with seizures or epilepsy? _____
- Seizure type(s): _____

<i>Seizure Type</i>	<i>Average length</i>	<i>Description</i>

- What might trigger a seizure in your child? _____
- Are there any warnings and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: _____
- How often does your child have a seizure? _____
- When was your child's last seizure? _____
- Has there been any recent change in your child's seizure patterns? YES NO
If YES, please explain: _____
- How does your child react after a seizure is over? _____
- How do other illnesses affect your child's seizure control? _____

BASIC FIRST AID: Care and Comfort Measures

10. What basic first aid procedures should be taken when your child has a seizure in school? _____

Basic Seizure First Aid:

- ✓ 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

- Will your child need to leave the classroom after a seizure? YES NO
If YES, What process would you recommend for returning your child to classroom (if applicable) _____

SEIZURE EMERGENCIES

12. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) _____

A Seizure is generally considered an Emergency when:
 ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 ✓ Student has repeated seizures without regaining consciousness
 ✓ Student has a first time seizure
 ✓ Student is injured or diabetic
 ✓ Student has breathing difficulties
 ✓ Student has a seizure in water

13. Has child ever been hospitalized for continuous seizures? YES NO
 If YES, please explain: _____

SEIZURE MEDICATION AND TREATMENT INFORMATION

14. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects
1.				
2.				
3.				

15. What emergency/rescue medications needed medications are prescribed for your child?

Name	Dosage	Administration Instructions (timing* & method**)	What to do after administration:
1.			
2.			

* After 2nd or 3rd seizure, for cluster of seizure, etc. ** Orally, under tongue, rectally, etc.

16. What medication(s) will your child need to take during school hours? _____

17. Should any of these medications be administered in a special way? YES NO

If YES, please explain: _____

18. Should any particular reaction be watched for? YES NO

If YES, please explain: _____

19. What should be done when your child misses a dose? _____

20. Should the school have backup medication available to give your child for missed dose? YES NO

21. Do you wish to be called before backup medication is given for a missed dose?

22. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: _____

SPECIAL CONSIDERATIONS & PRECAUTIONS

Check all that apply and describe any considerations or precautions that should be taken. (the impact of your child's seizures or treatment regimen)

- General health _____
- Physical functioning _____
- Learning: _____
- Behavior: _____
- Mood/coping: _____
- Other: _____
- Physical education (gym)/sports: _____
- Recess: _____
- Field trips: _____
- Bus transportation: _____

GENERAL COMMUNICATION ISSUES

What is the best way for us to communicate with you about your child's seizure(s)? _____

Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent's Signature: _____ Date: _____ Dates Updated _____