

SEIZURE ACTION PLAN

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:

Type of Seizure: _____

Note: Tonic-clonic seizure: Entire body stiffens, jerking movements, may cry out, turn blue, tired afterwards.

Absence seizure: Staring spell, may blink eyes

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

BASIC FIRST AID: CARE & COMFORT: →

Does student need to leave the classroom after a seizure? **YES NO**

If **YES**, describe process for returning student back to classroom

EMERGENCY RESPONSE:

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

A seizure lasting longer than 5 minutes or repeated seizures

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

- Contact school nurse at _____ Ext. 4486
- At _____ minutes or onset of 2nd seizure, call 911 and parent/guardian
- Notify proper school administrators according to GPISD Policy.
- Continue to monitor student, initiate CPR if necessary.
- Monitor Vital Signs,

TREATMENT PROTOCOL DURING SCHOOL: (include daily and emergency meds)

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

Emergency/Rescue Medication (if any)

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding physical activity, field trips, after school activities, adaptation/protective equipment, etc.)

TRANSPORTATION PLAN: Bus Rider (Medication **NOT** available on bus) Walker Car Rider

Special Instructions: _____

POST SEIZURE BEHAVIOR:

- Sleeps for _____ duration
- Loss of bodily functions (describe) _____
- Call parents

Physician's Signature: _____ Date: _____

I have reviewed the Seizure Management Plan and agree with the procedures as outlined.

Parent's Signature: _____ Date: _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe from injury
- ✓ 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 from injury
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

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 breathing difficulties
- ✓ Student has a seizure in water