

## **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:**

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. 3240
- ☐ At \_\_\_\_\_ minutes or onset of 2<sup>nd</sup> 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 field trips, after school activities 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

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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