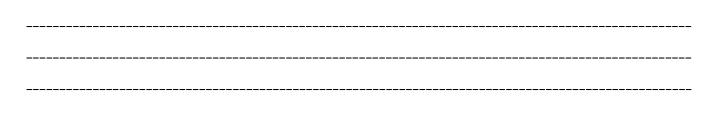
## **SEIZURE ACTION PLAN**

Effectiv	ve Date		1 11010
	TUDENT IS BEING TREATED FOR A SEIZURE DISC / SHOULD ASSIST YOU IF A SEIZURE OCCURS DUI		
Student		Birthdate	_
Mother	/Guardian	Home Tel	_
	Cell	Work Tel	_
Father/	Guardian	Home Tel	_
	Cell	Work Tel	_
Treatin	g Physician	Tel	_
Signific	cant Medical History		
Current	Medications		
Allergi	es		
SEIZU	RE EMERGENCY PROTOCOL		
or pic □ Us	azepam rectal gel mg rectally PRN for so more seizures in hours. Following adm k up child. e Vagal Nerve Stimulator (VNS) magnet her	inistration of Diazepam rectal gel, call parents t	- 0 -
Call 91	Seizure does not stop by itself or with VNS within _	of giving Diazepam rectal gel inutes after seizure is over (NO Diazepam recta	l gel given) ectal gel is
	ing a seizure Child should rest in clinic. Child may return to class (specify time frame Notify parents immediately. Send a copy of the seizure record home with child for Notify physician. Other		

Please provide instructions if student requires emergency medication while using school transportation and/or special considerations and safety precautions (regarding school activities, sports, trips, etc.)



Se	eizure Type(s)		Description
	Absence	•Staring	•Loss of awareness
		•Eye blinking	•Other
	Simple partial	•Remains conscious •Distorted sense of smell, hearing, sight	•Involuntary rhythmic jerking/twitching on one side •Other
	Complex partial	•Confusion •Not fully responsive/unresponsive	•May appear fearful •Purposeless, repetitive movements •Other
	Generalized tonic- clonic	•Convulsions •Stiffening •Breathing may be shallow •Lips or skin may have blush color	•Unconsciousness •Confusion, weariness, or belligerence when seizure ends •Other

**Seizure Information** - Student may experience some or all of the listed symptoms during a specific seizure.

Seizure usually lasts \_\_\_\_\_\_ minutes and returns to baseline in \_\_\_\_\_\_ minutes.

Triggers or warning signs

## Call parents under the following circumstances

1.\_\_\_\_\_

2.\_\_\_\_\_

Basic Seizure First Aid	A Seizure is generally considered an EMERGENCY when
<ul> <li>Stay calm &amp; track time</li> <li>Keep child safe</li> <li>Do not restrain</li> <li>Do not put anything in mouth</li> <li>Stay with child until fully conscious</li> <li>Record seizure in log</li> </ul>	<ul> <li>A convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>Student has repeated seizures without regaining consciousness</li> <li>Student has a first time seizure</li> <li>Student is injured or has diabetes</li> </ul>
For tonic-clonic (grand mal) seizure:	<ul> <li>Student has breathing difficulties</li> <li>Student has a seizure in water</li> </ul>
Protect head	Student has a seizare in water
Keep airway open/watch breathing	
• Turn child on side	

Authorization for the Release of Information: I hereby give permission for \_\_\_\_\_\_school to exchange specific confidential medical information with \_\_\_\_\_\_(physician/clinic) on my child \_\_\_\_\_\_to develop more effective ways of providing for the healthcare needs of my child in school.

Signatures:

Parent/Guardian Signature

Date

Physician Signature