

Seizure Action Plan

This form provides information to assist in the safe care of this child during a seizure

Name: _____ DOB: _____ Age: _____ Age during 1st Seizure: _____
 Parent/Guardian: _____ Home: _____ Work: _____ Cell: _____
 Alt. Contact: _____ Home: _____ Work: _____ Cell: _____
 Primary Doctor: _____ Office: _____ Fax: _____ Alt.: _____
 Neurologist: _____ Office: _____ Fax: _____ Alt.: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Does your child act differently before a seizure? Yes No Explain: _____

How the child acts after a seizure is over: _____

How other illnesses affect child's seizures: _____

Seizure First Aid

In addition to Basic Seizure First Aid, the following procedures should be done when the child has a seizure: _____

Will child need to leave the classroom? Yes No
 Should an extra change of clothes be kept at school? Yes No
 If "yes," where are they kept? _____

 Does child have a VNS? Yes No
 If "yes," when should magnet be used? _____

Basic Seizure First Aid

- Stay calm & track time
 - Keep the child safe
 - Do not restrain
 - Do not put anything in mouth
 - Stay with the child until fully conscious
 - Record seizure in log
 - Turn the child on their side
- For tonic-clonic seizures:*
- Make sure head is protected
 - Keep airway open/watch breathing
- A Seizure is generally considered an **EMERGENCY** when:
- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
 - The child has repeated seizures without regaining consciousness
 - The child has a first time seizure
 - The child is injured or has diabetes
 - The child has breathing difficulties

Seizure Emergency

A seizure emergency for this child is: _____

- Protocol**
- Administer emergency medication listed below
- Contact school nurse at: _____
- If an ambulance is required, transport to: _____

- Notify parent at: _____
- Notify emergency contact at: _____
- Notify doctor: _____
 Doctor's Name _____ Phone _____

Emergency Medication Plan

Medication	Dosage	Method	When to use

Special Considerations/Safety Precautions _____
 (with school activities, sports, trips, etc.) _____

Doctor Name & Signature: _____

Parent/Guardian Signature: _____

School Nurse Signature: _____