

# Seizure Action Plan

Woodland Presbyterian School

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	Class	Teacher
Parent's Name		First Number	Second Number
Parent's Name		First Number	Second Number
Emergency Contact		First Number	Second Number
Neurologist		Nurse	Office Phone

## Significant Medical History

## Seizure Information

Seizure Type	Length	Frequency	Seizure triggers or warning signs:

Description:

Student's response after a seizure:

## Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  Yes  No

After the seizure:

## Basic Seizure First Aid

- Assist student to the floor, if needed
- Stay calm & track time, events
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Clear area to protect student from injury (place something soft under head)

### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

## A seizure is generally considered an emergency:

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

## 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
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

## Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does Student have a **Vagus Nerve Stimulator**?  Yes  No

If parent cannot be reached by phone and student does not respond to treatment, I give my permission for school staff to call the physician listed above and follow his/her instructions. If they physician orders hospitalization or my child is exhibiting symptoms of a medical emergency, my child will be transported to the nearest hospital. I also understand that school staff can and will be informed of my child's health concerns in order to provide safe, appropriate care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_