

Seizure Action Plan

Effective Date

Contact school nurse at	This stu		ated for a seizure o	llsorder. The	information below should as:	sist you if a seizure occurs during
Cilier Emergency Contact Phone Cell Treating Physician Phone Significant Medical History Selzure Information Selzure Type Length Frequency Description Selzure triggers or warning signs: Student's response after a selzure: Basic First Ald: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a selzure? Does student need to leave the classroom after a selzure? Does student need to leave the classroom after a selzure? Does student need to leave the classroom after a selzure? Prescription Selzure Emergency Response A "selzure emergency" for Chock all that apply and clarity below) Chock all that apply and clarity below) Chock all that apply and clarity below) Contact school nurse at Desert and significant school has a first-time selzure. Treatment Protocol During School Hours (include dally and emergency medications) Emerg. Med. v Treatment Protocol During School Hours (include dally and emergency medications) Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: Special Considerations and Precautions: Physician Signature Date Parent/Guardian Signature Date				24 24 43 44 44 44 44 44 44 44 44 44 44 44 44	Date of Birth	
Treating Physician	Parent/Guardian				Phone	Cell
Seizure Information Seizure Type	Other Emergency Contact				Phone	Cell
Seizure Trype	Treating Physician				Phone	
Seizure Type	Significan	nt Medical History				
Seizure Type	Seizure	Information				
Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No Stay valm & track time Keep child safe Do not put anything in mouth Stay with child until fully conscious Record selzure in log For total-clonic selzure Protect head Protect			Length Frequency		Description	
Basic First Aid: Care & Comfort Please describe basic first aid procedures: Does student need to leave the classroom after a seizure? Yes No Stay valm & track time Keep child safe Do not put anything in mouth Stay with child until fully conscious Record selzure in log For total-clonic selzure Protect head Protect						
Present Present Colors at Order at Control Colors (Inst aid procedures: Slay calm & track time Keep child safe Do not restrain Does student need to leave the classroom after a seizure? Yes No if YES, describe process for returning student to classroom: 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 Done of the converted an emergency with regaining consciousness Student has repeated seizure switch regaining consciousness Student has repeated seizure switch regaining consciousness Student has repeated seizure in water Student has repeated seizure switch regaining consciousness Student has repeated seizure with regaining consciousness Student has repeated seizure switch regaining consciousness Student has a seizure in water St	Seizure tr	riggers or warning	signs:	Studen	t's response after a seizure:	
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Does student need to leave the classroom after a seizure? Yes No No Say with child until fully conscious 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 Student has a first-time seizure in water Student has a first-time seizure Student has a seizure in water Student has a first-time seizure Student has a seizure in water Student has a seiz						
A "selzure emergency" for this student is defined as: Selzure Emergency Protocol (Check all that apply and clarify below)	Does student need to leave the classroom after a seizure?					Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log For tonic-clonic seizure: Protect head
this student is defined as: Check all that apply and clarify below Contact school nurse at Call 911 for transport to Notify parent or emergency contact Student has repeated seizures without regaining consciousness Student has repeated seizures without regaining consciousness Student has a first-time seizure Student has a first-time seizure Student has a seizure in water						
Call 911 for transport to Notify parent or emergency contact Notify parent or emergency medications as indicated below Notify doctor Other Other Student has a first-line selzure Student has a first-line selzure Student has a first-line selzure Student has a selzure Studen			(Check all that ap	ply and clarify b	considered an emergency when:	
Notify parent or emergency contact Administer emergency medications as indicated below Notify doctor Other Other Common Side Effects & Special Instructions Dosage & Time of Day Given Common Side Effects & Special Instructions Does student have a Vagus Nerve Stimulator? Pescribe any special considerations or precautions: Physician Signature Date Parent/Guardian Signature Dotage Administer emergency medications as indicated below Student has a first-time seizure Student has a first-time seizure Student has a seizure in water Common Side Effects & Special Instructions Treatment Protocol During School Hours (include daily and emergency medications) Common Side Effects & Special Instructions The administer emergency medications Student has a first-time seizure Student has a seizure in water Student has a seizure in water Student has a seizure in water Student has a first-time seizure Student has a fir						longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties
Treatment Protocol During School Hours (Include daily and emergency medications) Emerg. Medication Time of Day Given Common Side Effects & Special Instructions Does student have a Vagus Nerve Stimulator? Yes No if YES, describe magnet use: Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations or precautions: Physician Signature Date Parent/Guardian Signature			 □ Notify parent or emergency contact □ Administer emergency medications as indicated below □ Notify doctor 			
Emerg. Medication Time of Day Given Common Side Effects & Special Instructions Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: Special Considerations and Precautions (regarding school activities, sports, trips, etc.) Describe any special considerations or precautions: Physician Signature Date Parent/Guardian Signature Date	Treatm	ent Protocol Du	ring School Hou	rs (include d	tally and emergency medic	
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Describe any special considerations or precautions: Physician Signature	Does stud	lent have a Vagus	Nerve Stimulator	Yes !	☐ No If YES, describe mag	net use:
Describe any special considerations or precautions: Physician Signature				_	· ·	
Parent/Guardian Signature Date					school activities, sports, t	rips, etc.)
Parent/Guardian Signature Date	Physician Signature				Date	
	Parent/G	uardian Signature	e		Date	DPC772