

**SEIZURE ACTION PLAN**

Effective Date \_\_\_\_\_

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:**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

**BASIC FIRST AID: CARE & COMFORT:**

(Please describe basic first aid procedures)

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:

**Basic Seizure First Aid:**

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ 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
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Contact school nurse at \_\_\_\_\_
- ☐ Call 911 for transport to \_\_\_\_\_
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below
- ☐ Other \_\_\_\_\_

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

**TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication \_\_\_\_\_

Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe magnet use \_\_\_\_\_

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** (regarding school activities, sports, trips, etc.)

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

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

## Seizure Observation Record

<b>Student Name:</b>				
<b>Date &amp; Time</b>				
<b>Seizure Length</b>				
<b>Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)</b>				
<b>Conscious (yes/no/altered)</b>				
<b>Injuries (briefly describe)</b>				
<b>Muscle Tone/Body Movements</b>	Rigid/clenching			
	Limp			
	Fell down			
	Rocking			
	Wandering around			
	Whole body jerking			
<b>Extremity Movements</b>	(R) arm jerking			
	(L) arm jerking			
	(R) leg jerking			
	(L) leg jerking			
	Random Movement			
<b>Color</b>	Bluish			
	Pale			
	Flushed			
<b>Eyes</b>	Pupils dilated			
	Turned (R or L)			
	Rolled up			
	Staring or blinking (clarify)			
	Closed			
<b>Mouth</b>	Salivating			
	Chewing			
	Lip smacking			
<b>Verbal Sounds (gagging, talking, throat clearing, etc.)</b>				
<b>Breathing (normal, labored, stopped, noisy, etc.)</b>				
<b>Incontinent (urine or feces)</b>				
<b>Post-Seizure Observation</b>	Confused			
	Sleepy/tired			
	Headache			
	Speech slurring			
	Other			
<b>Length to Orientation</b>				
<b>Parents Notified? (time of call)</b>				
<b>EMS Called? (call time &amp; arrival time)</b>				
<b>Observer's Name</b>				

*Please put additional notes on back as necessary.*



### 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:
Other Emergency Contact:	Phone: Cell:
Treating Provider:	Phone:
Significant Medical History:	

#### **Seizure Information**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

#### **Emergency Medications**

Medication	Dosage	Common Side Effects & Special Instructions

<b>Green Zone</b> Less than 2 minutes	<b>Yellow Zone</b> 2 to 5 minutes	<b>Red Zone</b> More than 5 minutes or 3 or more seizures in an hour
<ul style="list-style-type: none"><li>* Begin seizure First Aid</li><li>* Closely observe student until recovered from seizure</li><li>* Notify parent/guardian</li><li>* Return student to class</li></ul>	<ul style="list-style-type: none"><li>* Continue Seizure First Aid</li><li>* Call for help</li><li>* Prepare to administer Diastat/Versed</li><li>* Closely observe student until recovered</li><li>* Notify parent/guardian</li><li>* Student may return to class/home as instructed by parent/guardian</li></ul>	<ul style="list-style-type: none"><li>* Continue Seizure First Aid</li><li>* Administer Diastat/Versed</li><li>* Monitor respirations and heart beat and start CPR if needed</li><li>* Notify parent/guardian</li><li>* Call 911 if seizure is greater than 7 minutes</li></ul>

#### Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Record seizure in log
- Stay with child until fully conscious

#### **For tonic-clonic seizure:**

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

#### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts 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
- Student has a seizure in water

#### **Special Considerations and Precautions (regarding school activities, sports, trips, etc)**

Describe any special considerations or precautions:

Provider Signature	Date	Time
Parent/Guardian Signature	Date	Time



### PLAN DE ACCIÓN PARA CONVULSIONES

Este estudiante está siendo tratado por un trastorno convulsivo.  
La información a continuación le será de ayuda si la convulsión se produce durante el horario escolar.

Nombre del estudiante:	Fecha de nacimiento:	
Padre, madre o tutor:	Teléfono:	Celular:
Otro contacto de emergencia:	Teléfono:	Celular:
Médico tratante:	Teléfono:	
Antecedentes médicos importantes:		

#### **Información sobre las convulsiones**

Tipo de convulsión	Duración	Frecuencia	Descripción

Desencadenantes o signos de advertencia de las convulsiones:

Respuesta del estudiante después de una convulsión:

#### **Medicamentos de emergencia**

Medicamento	Dosis	Efectos secundarios comunes e instrucciones

<b>Zona verde</b> Menos de 2 minutos	<b>Zona amarilla 2</b> a 5 minutos	<b>Zona roja</b> Más de 5 minutos o 3 o más convulsiones en una
<ul style="list-style-type: none"><li>* Comenzar los primeros auxilios para las convulsiones</li><li>* Observar con atención al estudiante hasta que se recupere de las convulsiones</li><li>* Notificar al padre, madre o tutor</li><li>* El estudiante vuelve a clase</li></ul>	<ul style="list-style-type: none"><li>* Continuar los primeros auxilios para las convulsiones</li><li>* Pedir ayuda</li><li>* Prepararse para administrar Diastat/Versed</li><li>* Observar con atención al estudiante hasta que se recupere</li><li>* Notificar al padre, madre o tutor</li><li>* El estudiante puede regresar a la clase o a su hogar según lo indicado por el padre, madre o tutor</li></ul>	<ul style="list-style-type: none"><li>* Continuar los primeros auxilios para las convulsiones</li><li>* Administrar Diastat/Versed</li><li>* Supervisar las respiraciones y los latidos del corazón e iniciar reanimación cardiopulmonar (CPR, según sus siglas en inglés) si es necesario</li><li>* Notificar al padre, madre o tutor</li><li>* Llamar al 911 si la convulsión dura más de 7 minutos</li></ul>

#### Primeros auxilios básicos para las convulsiones

- Mantener la calma y tener en cuenta el tiempo transcurrido
  - Mantener seguro al niño
  - No sujetarlo
  - No ponerle nada en la boca
  - Registrar la convulsión en el registro
  - Quedarse con el niño hasta que esté completamente consciente
- Para convulsiones tónico-clónicas generalizadas:**
- Proteger la cabeza
  - Mantener las vías respiratorias abiertas y vigile la respiración
  - Poner al niño de costado

#### En general, una convulsión se considera una emergencia cuando:

- La convulsión (tónico-clónica) dura más de 5 minutos.
- El estudiante tiene convulsiones repetidas sin recobrar el conocimiento
- El estudiante está lesionado o tiene diabetes
- El estudiante tiene una convulsión por primera vez
- El estudiante tiene dificultades respiratorias
- El estudiante tiene una convulsión en el agua



## QUESTIONNAIRE FOR PARENT OF A STUDENT WITH SEIZURES

Please complete all questions. This information is essential for the school nurse and school staff in determining your student's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

### CONTACT INFORMATION:

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Other Emergency Contact: \_\_\_\_\_ Tel. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Child's Neurologist: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
Child's Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_ Location: \_\_\_\_\_  
Significant medical history or conditions: \_\_\_\_\_

### SEIZURE INFORMATION:

1. When was your child diagnosed with seizures or epilepsy? \_\_\_\_\_

2. Seizure type(s):

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? \_\_\_\_\_

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain: \_\_\_\_\_

5. When was your child's last seizure? \_\_\_\_\_

6. Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain: \_\_\_\_\_

7. How does your child react after a seizure is over? \_\_\_\_\_

8. How do other illnesses affect your child's seizure control? \_\_\_\_\_

### BASIC FIRST AID: Care and Comfort Measures

9. What basic first aid procedures should be taken when your child has a seizure in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ 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
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

10. Will your child need to leave the classroom after a seizure? YES NO

If YES, What process would you recommend for returning your child to classroom: \_\_\_\_\_

**SEIZURE EMERGENCIES**

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Has child ever been hospitalized for continuous seizures? YES NO  
 If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_

A Seizure is generally considered an Emergency when:

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- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or diabetic
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

**SEIZURE MEDICATION AND TREATMENT INFORMATION**

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

14. What emergency/rescue medications needed medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

\* After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.

\*\* Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? \_\_\_\_\_

16. Should any of these medications be administered in a special way? YES NO

If YES, please explain: \_\_\_\_\_

17. Should any particular reaction be watched for? YES NO

If YES, please explain: \_\_\_\_\_

18. What should be done when your child misses a dose? \_\_\_\_\_

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Do you wish to be called before backup medication is given for a missed dose?

21. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use: \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL CONSIDERATIONS & PRECAUTIONS**

22. Check all that apply and describe any considerations or precautions that should be taken

- |   |   |
|---|---|
| <input type="checkbox"/> General health _____       | <input type="checkbox"/> Physical education (gym)/sports: _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess: _____                          |
| <input type="checkbox"/> Learning: _____            | <input type="checkbox"/> Field trips: _____                     |
| <input type="checkbox"/> Behavior: _____            | <input type="checkbox"/> Bus transportation: _____              |
| <input type="checkbox"/> Mood/coping: _____         |   |
- Other: \_\_\_\_\_

**GENERAL COMMUNICATION ISSUES**

23. What is the best way for us to communicate with you about your child's seizure(s)? \_\_\_\_\_  
 \_\_\_\_\_

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dates Updated: \_\_\_\_\_, \_\_\_\_\_