 

Please return to Nurses’ Office



1143 Delsea Drive • Westville, NJ 08093 • Phone: 856-812-6030 • Website: adsschool.org

**N11 Seizure Action Plan 2025-2026**

**2024-2025**

**Student Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of birth:**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Seizure Type** | **Length** | **Frequency** | **Description** |
|  |  |  |  |
|  |  |  |  |

Triggers or warning signs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s response after a seizure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications taken at home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily Medications taken at school:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dosage** | **Route** | **Time to be given** |
|  |  |  |  |
|  |  |  |  |

**Emergency Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dosage** | **Route** | **PRN orders/parameters** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Does student have a VNS?** | **Parameters** | **Notes** |
|  |  |  |

|  |  |
| --- | --- |
| **Call 911** | for seizure that lasts last greater than \_\_\_\_\_\_\_\_\_\_\_\_ minutes, respiratory distress or not responding to emergency medications then notify parents/guardians |
| **Call parents** | For seizure or cluster of seizures that last greater than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes  |

Physician signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_

Parent/guardian signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Received\_\_\_\_\_\_ Scan to Realtime\_\_\_\_\_\_\_Scan and email to CST\_\_\_\_\_\_ Original to SAP binder\_\_\_\_

copy to CBI\_\_\_\_\_\_ Classroom binder\_\_\_\_\_\_