

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

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

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 _____