

Children's Pediatric Neurology Practice 404-785-KIDS (5437)

SEIZURE ACTION PLAN

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 Medication Dosage Common Side Effects & Special Instructions Yellow Zone Less than 2 minutes Yellow Zone 2 to 5 minutes **Continue Seizure First Aid **Call for help **Prepare to administer Diastat/Versed and heart beat and start CPR if needed **Notify parent/guardian Notify parent/guardian **Return student to class **Notify parent/guardian **Notify parent/guardian **Student may return to class/home as instructed by parent/guardian **Pasic Seizure First Aid -*Stay calm & track time **Administer Diastat/Versed and heart beat and start CPR if needed **Notify parent/guardian 7 minutes **Administer Diastat/Versed 8 Notify parent/guardian 8 Student until recovered 1 minutes 1 mi	This student is being treated	for a seizu	re disord	er. The information	n below should assist you	u if a seizure occu	irs during school hours.
Other Emergency Contact: Phone: Cell: Treating Provider: Phone: Significant Medical History: Seizure Information 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 Medication Dosage Common Side Effects & Special Instructions Medication Dosage Common Side Effects & Special Instructions ** Continue Seizure First Aid Call for help Prepare to administer Diastativersed Closely observe student until recovered Notify parent/guardian Notify parent/guardian Notify parent/guardian Notify parent/guardian Student may return to class/home as instructed by parent/guardian Student may return to class/home as instructed by parent/guardian Call 911 if seizure is greater than 7 minutes ** Student has repeated seizures without regaining consciousness Student has a first-time seizure - Convulsive (tonic-clonic) seizure lasts longer than 5 minutes - Student has repeated seizures without regaining consciousness - Student has a first-time seizure - Student has a seizure in water Special Considerations and Precautions (regarding school activities, sports, trips, etc) Describe any special considerations or precautions: - Provider/Doctor Signature Date Time	Student's Name:				Date of Birth:		
Seizure Information Seizure Type Length Frequency Description	Parent/Guardian:	Phone:		Phone:	Cell:		
Seizure Type Length Frequency Description Seizure Type Length Frequency Description Seizure triggers or warning signs: Student's response after a seizure: Emergency Medications	Other Emergency Contact:			Phone:		Cell:	
Seizure Information Seizure Type Length Frequency Description Seizure triggers or warning signs: Student's response after a seizure: Emergency Medications	Treating Provider:			1	Phone:		
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Seizure triggers or warning signs: Student's response after a seizure: Common Side Effects & Special Instructions	Colimana Tama					December 2	
Student's response after a seizure:	Seizure Type	Length		Frequency	Description		n
Student's response after a seizure:							
Student's response after a seizure:	Seizure triggers or warning sig	ins:					
Call for help							
Call for help				Emergency I	Medications		
Green Zone Less than 2 minutes * Continue Seizure First Aid * Colsely observe student until recovered from seizure * Notify parent/guardian * Return student to class * Student may return to class/home as instructed by parent/guardian * Stay calm & track time - Keep child safe - Do not restrain - Do not restrain - Do not restrain - Record seizure in log - Stay with child until fully conscious * Record Seizure First Aid - Stay calm & track time - Stay with child until fully conscious * Student has a first-time seizure - Student has a seizure in water * Special Considerations and Precautions (regarding school activities, sports, trips, etc) * Describe any special considerations or precautions: * Provider/Doctor Signature * Date * Time * Continue Seizure First Aid * Continue Seizure First Aid * Administer Diastat/Versed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respirations and heart beat and shart CPR if needed * Monitor respiratory and shart CPR if needed * Monitor respirato	Medication						
# Begin seizure First Aid							
# Begin seizure First Aid							
# Begin seizure First Aid							Red Zone
* Begin seizure First Aid * Closely observe student until recovered from seizure * Notify parent/guardian * Return student to class * Student may return to class/home as instructed by parent/guardian * Student may return to class/home as instructed by parent/guardian * Student may return to class/home as instructed by parent/guardian * Student may return to class/home as instructed by parent/guardian * Student may return to class/home as instructed by parent/guardian * Student may return to class/home as instructed by parent/guardian * Call 911 if seizure is greater than 7 minutes * Canvulsive (tonic-clonic) seizure is generally considered an emergency when: - Convulsive (tonic-clonic) seizure situres without regaining consciousness - Student has a first-time seizure - Student has a first-time seizure - Student has a seizure in water * Special Considerations and Precautions (regarding school activities, sports, trips, etc) * Provider/Doctor Signature * 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 * Call 911 if seizure is greater than 7 minutes * Student has repeated seizure as without regaining consciousness - Student has a first-time seizure - Student has a first-time seizure - Student has a seizure in water * Special Considerations or precautions (regarding school activities, sports, trips, etc) * Date Time						han 5 minutes or	
- Stay calm & track time - Keep child safe	 Closely observe student until recovered from seizure Notify parent/guardian 		 Call for help Prepare to administer Diastat/Versed Closely observe student until recovered Notify parent/guardian Student may return to class/home as 		 Administe Monitor rebeat and Notify pa Call 911 	er Diastat/Versed espirations and heart start CPR if needed rent/guardian if seizure is greater than	
Describe any special considerations or precautions: Provider/Doctor Signature Date Time	 Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Record seizure in log 	ic-clonic seizure: t head hirway open/watch breathing		- Convulsive (tonic-cl - Student has repeate - Student is injured o - Student has a first-t - Student has breath	 Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties 		
Provider/Doctor Signature Date Time	<u> </u>			•	garding school acti	vities, sports,	trips, etc)
<u> </u>	Describe any special consider	<u></u>	i coaulio	110.			
<u> </u>	Provider/Doctor Signature					Nate	Time