Seizure Action Plan

Student Name_____ID #_____DOB_____Grade/School year_____

Parent/Guardian_____Home phone_____Work phone_____Cell phone_____

Provider Name/Clinic_____Phone_____

Activities student participates in at school: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Signs of Seizures (Please check behaviors that apply to student)

SEIZURE SYMPTOMS	**DANGER SIGNS—CALL 911**	BEHAVIORS AFTER SEIZURE
□ lip smacking □ behavioral outbursts □ staring □ twitching □ sudden cry or squeal □ falling down □ rigidity/stiffness □ thrashing/jerking □ loss of bowel/bladder □ shallow breathing □ blue color to lips □ froth from mouth □ gurgling/grunting □ loss of consciousness □ other_____	-- Seizure lasts more than 5 minutes -- Student has repeated seizures without regaining consciousness -- Student has breathing difficulties -- Student has a seizure in water -- If seizure is the result of an injury or child is injured during seizure	□ tiredness □ weakness □ sleeping, difficult to arouse □ somewhat confused □ regular breathing □ other_____ Behaviors usually last _____ _____

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. √	Medication	Dosage & Time of Day Given	Common Side Effects & special Instructions

Does student have a **Vagus Nerve Stimulator?** □ Yes □ No If Yes, describe magnet use _____

IF YOU SEE THIS	DO THIS
SEIZURE ACTIVITY	Stay calm. Move surrounding objects and protect head to avoid injury. DO NOT hold student down or put anything in the mouth. Loosen clothing if needed. Roll student on his/her side. Document seizure activity on seizure observation record. If applicable administer medications or use VNS as ordered. Notify parent/guardian.
STOPS BREATHING	Begin CPR/Rescue Breathing. Call 911.
LOSS OF BOWEL OR BLADDER CONTROL	Cover with blanket or jacket. If necessary, discreetly assist with changing of clothes after seizure.
DANGER SIGNS-(SEE ABOVE)	Call 911. Call parent/guardian.
FALLS DOWN, LOSS OF CONSCIOUSNESS	Help student to the floor for safety; observe for injury/seizure. Call School Nurse
VOMITING	Turn on side.

Parent/Guardian Signature_____ Date_____

School Nurse Signature_____ Date_____

Place Student Picture Here

Seizure observation record on back