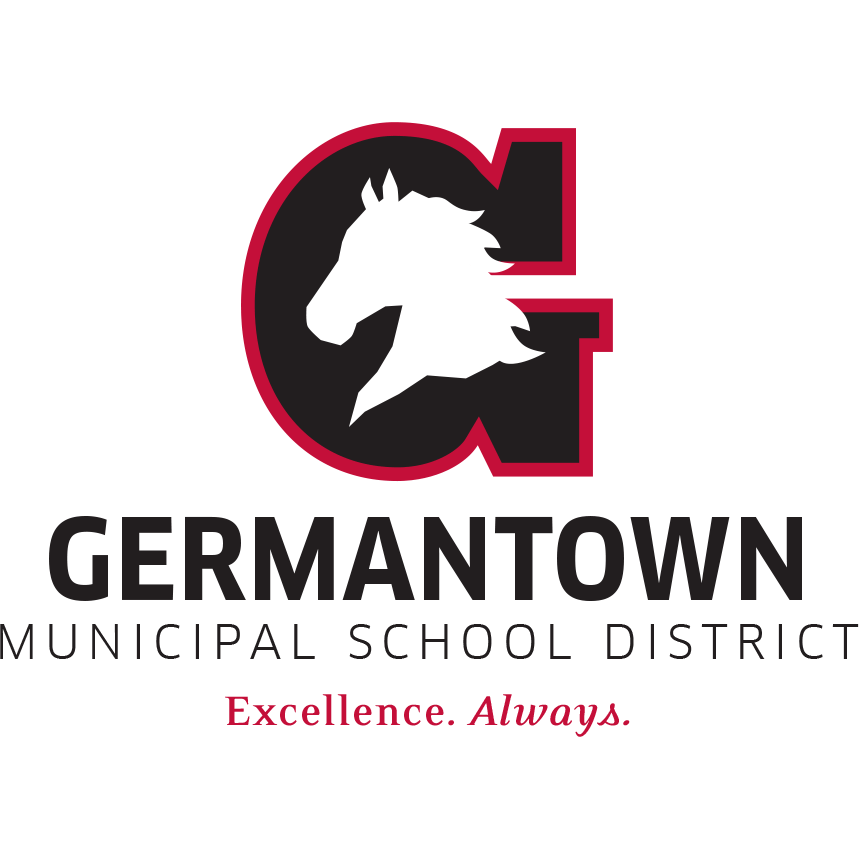
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**School Nurse Verify & Initial:**

**\_\_\_\_\_ MD signature obtained**

**\_\_\_\_\_ Medication Authorization Form on file**

**\_\_\_\_\_ Teacher/Staff trained & signatures on file**

**SEIZURE ACTION PLAN**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treating Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant Medical History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vagus Nerve Stimulator (VNS) Yes\_\_\_\_ No\_\_\_\_

This child is being treated for a seizure disorder. The information below should assist you if a seizure occurs during the school day.

**DURING SEIZURE ACTIVITY**

1. **STAY WITH THE CHILD**
2. **BASIC SEIZURE FIRST AID** 
   1. If not already there, assist student to the floor.
   2. Stay calm and track time.
   3. Gently roll to side position and monitor breathing and pulse.
   4. **DO NOT** restrain child. **DO NOT** try and place anything in child’s mouth or between child’s teeth.
   5. Protect child by moving items away that may cause injury – e.g. desks, chairs.
   6. Loosen clothing at neck and waist; remove eyeglasses (if applicable).
   7. Have another classroom adult remove/direct students from the area.
   8. Immediately notify school nurse for rescue therapy (if ordered). If nurse unavailable, call 9-1-1.
3. **TIME THE SEIZURE**. Observe pattern of the seizure and be prepared to describe it for 911 or school nurse.
4. **9-1-1** IF CHILD EXHIBITS:
   1. Absence of breathing and/or pulse (Start CPR for absence of breathing and pulse).
   2. Convulsive seizure of **5** minutes of greater duration.
   3. Two or more consecutive seizures without regaining consciousness.
   4. No previous history of seizure activity.
   5. Injury or has diabetes.
   6. Unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.
   7. Seizure that requires administration of ordered emergency medication.

**AFTER SEIZURE ACTIVITY, if emergency medication is NOT administered:**

Reorient and reassure child.

Allow/assist change into clean clothing if necessary.

Allow child to sleep, as desired, after seizure.

Allow child to eat, as desired, once fully alert and oriented.

A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.

Inform parents as soon as possible of any seizure activity and especially when:

Seizure is different from usual type/frequency/has not occurred at school in past month.

Seizure meets criteria for 911 emergency call.

Child has not returned to “normal self” after 30 minutes.

**The child’s IHP and medical order should be taken into consideration when dealing with a seizure disorder. It is the parent’s responsibility to determine follow-up care for seizures not requiring 911.**

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual considerations (known triggers, med orders, special instructions):

Physician Signature: Date:

Nurse Signature: Date:

Parent Signature: Date: