



Seizure Action Plan

Student _____ Birthdate _____ Age _____ Weight _____

School Year _____ School _____ Grade/Teacher/House _____

MEDICAL HISTORY:

Seizure Type: _____

Description: _____

Last date of seizure: _____

PRESCRIBED TREATMENT: To be completed by Healthcare Provider

_____ **Use VNS (Vagal Nerve Stimulator) Magnet immediately:**

- Place it over the left chest wall for the count of “one-one thousand, two-one thousand” and remove it.
- Repeat **every** minute(s) until seizure stops.

_____ **Give** _____ for seizures lasting more than _____ minutes
(Medication) (Dose) (Route)

OR for _____ or more seizures in _____ hours. (*To be administered by Parent/Guardian or Trained School Staff.*)

_____ **AFTER receiving medication, IF student does NOT wake up within _____ minutes, call 9-1-1.**

_____ **Other** _____

Licensed Prescriber’s Name (Please print) _____ **Phone** (_____) _____

Licensed Prescriber’s Signature _____ **Date** _____

PARENTAL/GUARDIAN CONSENT:

My Healthcare Provider and I have discussed this Seizure Preparedness Plan. I give my permission for school personnel to follow this Plan and provide appropriate medication administration. I understand that if my child receives Emergency Seizure Medication before or during school, he/she will be excluded from school for a minimum of 4 hours of observation before returning to school.

Parent/Guardian Signature _____ **Date** _____

IF A SEIZURE OCCURS:

1. Confirm seizure as described in Medical History.
2. Provide basic first aid:
 - Clear area of sharp objects.
 - Check time seizure starts & time how long it lasts.
 - Cushion head with something soft & flat. Do **NOT** hold or restrain movements in any way.
 - Turn gently on to side to keep airway clear.
 - Loosen tight clothing
 - Observe what happens during the seizure.
 - Call for adult assistance and notify Health Room Assistant. down
 - Keep calm, provide reassurance and privacy.
3. Call Health Room Assistant to immediately call School District Nurse & parent/guardian
4. Call 9-1-1 IF:
 - Seizure behavior is different from other episodes.
 - Coloring or breathing is **alarmingly** different than usual.
 - Student is acutely injured during the seizure.
5. Complete Record of Seizure form after event.
 - Give copy to parent/guardian. File a copy in student’s Health Record file.