

Seizure Action Plan

Effective Date: _____

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: _____ Other ER number: _____ Phone: _____

Treating Physician Phone: _____

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning:

Student's response after seizure:

Basic First Aid: Care & Comfort		Basic Seizure First Aid
Follow first aid procedure for seizures.		<ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log
Does student need to leave the classroom after seizure:		
Emergency Response		<p>A seizure is generally considered an emergency when:</p> <ul style="list-style-type: none"> 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 Student sleeps longer than 30 minutes after seizure
A "seizure emergency" for this student is defined as:	Seizure Emergency Protocol (Check all that apply and clarify below) Contact school nurse at _____ Call 911 for transport to nearest hospital Administer emergency medications as indicated below Notify parent or emergency contact: Yes _____ Notify doctor Other Only if can't reach parent.	

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

Daily med	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
Yes			
Emergency med	None		

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations:

SCHOOL NURSE:

SEIZURES AND FIRST AID

SEIZURE DISORDER- is also known as epilepsy. It is a disorder of the central nervous system. The term “seizure” refers to a sudden, uncontrolled episode of abnormal behavior caused by abnormal electrical discharges in the brain. A seizure is a symptom of the disorder just as fever is a symptom of infection. Seizure disorders are not contagious. They are not a sign of mental illness. In some cases they may require emergency intervention. Most seizures are over in a few minutes and do not need medical follow-up.

1. **ABSENCE OR PETIT MAL OR STARING SEIZURES**- are brief and usually last only a few seconds. They are lapses of consciousness that look like daydreaming but begin and end abruptly. Seizure activity often mistaken for daydreaming may include staring, eye blinking, and mild facial twitching.

FIRST AID- These do not require first aid. Activities should be halted during a seizure, and records should be kept for school and parents. Help student learn missed information (buddy system might help).

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2. **SIMPLE PARTIAL SEIZURES** – are seizures in which only one part of the brain is involved. The student is aware of the seizure because consciousness is not severely impaired. Some symptoms may include hand or mouth movement, head or eyes turned to the side, a pins and needles sensation, feeling of numbness, or hearing noises.

FIRST AID- these do not require first aid, but make sure environment is safe. Activities should be halted during a seizure. Records should be kept for school and parent. Be sure the student has an opportunity to catch up on missed information.

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3. **COMPLEX PARTIAL SEIZURES**- these seizures affect consciousness. They typically produce automatic movements and a period of confusion in which the person is unaware of what he is doing. Movements may look purposeful but are not, because the person cannot respond while in the seizure. These may be misinterpreted as behavior problems.

FIRST AID- Stay calm and reassure onlookers. Gently direct away from hazards. Do not grab roughly or restrain. Do not expect verbal instructions to be obeyed. Stay with the student until he is fully recovered. Help re-orient him to his surroundings. Keep records for school and home.

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4. **GENERALIZED TONIC-CLONIC OR GRAND MAL SEIZURES**- these affect the whole brain and the entire body. They are characterized by loss of consciousness followed by stiffening for a few seconds (tonic phase) then followed by a period of jerking (clonic phase). Breathing may be shallow and skin may be pale or even blue-ish. Bladder or bowel control is sometimes lost. Vomiting at the end of the seizure may occur. They usually last from less than a minute to three minutes. After the seizure, a period of deep sleep may occur, lasting minutes to hours.

Student Name:			
Date & Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries (briefly describe)			
Muscle Tone/Body Movements	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
Extremity Movements	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
Color	Bluish		
	Pale		
	Flushed		
Eyes	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
Mouth	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
Post-Seizure Observation	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			

