

Seizure Emergency Action Plan 2017/2018

Student's Name: _____

D.O.B: _____ Grade: _____ Homeroom Teacher: _____

Parent/Guardian Name: _____ Ph: _____

Parent/Guardian Name: _____ Ph: _____

Physician: _____ Ph: _____

Significant Medical History: _____

Type of Seizure: _____

Seizure Triggers/Warning Signs: _____

Basic Seizure First Aid:	For Tonic-Clonic Seizure
<ul style="list-style-type: none"> • Stay Calm • Track Time • Do not restrain • Do not place anything in mouth • Clear area around student • Stay with student until fully conscious 	<ul style="list-style-type: none"> • Protect Head • Keep airway open/watch breathing • Turn student on side

A seizure is generally considered an emergency when:

- Tonic-clonic (convulsive) seizure lasts >5min.
- Student has repeated seizures without regaining consciousness
- Student is injured
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in the water

✦ EMERGENCY RESPONSE FOR SEIZURE ✦

1. Perform Basic Seizure First Aid as described above.
2. Call Parent/Guardian or Emergency Contact (see pg. 2).
3. Administer Emergency medication(s) as indicated below.
4. Call 911 if any of the emergent symptoms listed above are observed AND medication has not stopped seizure.

Seizure Medication for Emergency Response to Seizure		
Medication	Dosage, Route, Frequency	Special Instructions
1.		
2.		
3.		

Parent's Signature: _____ Date: _____

EMERGENCY CONTACTS:	TRAINED STAFF MEMBERS:
1. Name/Relationship:	1. Name: Keri Faust, RN
Phone Number:	Room #: Clinic- 156
2. Name/Relationship:	2. Name:
Phone Number:	Room #:
3. Name/Relationship:	3. Name:
Phone Number:	Room #: