



SEIZURE EMERGENCY ACTION PLAN

Student's Name: _____ DOB: _____ School/Teacher: _____

Parent Name: _____ Phone Number: _____

Parent Name: _____ Phone Number: _____

Physician Name: _____ Phone Number: _____



Medication Should be kept (circle one): With child In child's classroom with teacher Front Office

Signs of seizure activity may include:

- | | | |
|---|---|--|
| <input type="checkbox"/> Staring/ Rapid eye blinking | <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Nodding the head |
| <input type="checkbox"/> Lips become blue | <input type="checkbox"/> Flushed or pale skin tone | <input type="checkbox"/> Jerking movements of the arms and legs |
| <input type="checkbox"/> Breathing problems
or breathing stops | <input type="checkbox"/> No response to noise/
touch for brief periods | <input type="checkbox"/> Falling suddenly for no apparent reason |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Stiffening of the body | <input type="checkbox"/> Loss of bowel or bladder control |
| <input type="checkbox"/> Lip smacking/sucking/drooling | <input type="checkbox"/> Appearing confused or in a daze | <input type="checkbox"/> Other: _____ |

If seizure activity occurs, provide the following measures:

- Remain calm. No one can stop a seizure once it starts.
- Note time seizure activity started, part of body involved, type of movement, any injury, any breathing problems and skin color.
- Remain with pupil and send another pupil or staff member for help. **CONTACT SCHOOL NURSE AND PARENTS.**
- Clear room of other pupils and provide as much privacy as possible
- Protect pupils head from injury by placing folded blanket, towel or jacket under head
- If possible, assist pupil to lie down on his/her side to keep airway clear from saliva and vomit.
- Do not attempt to hold down or restrain pupils movements. Restraining movements may cause further injury.
- Do not place objects, food, drink or medication in mouth. This may cause further detriment.
- Do not move pupil if injury has occurred.

Does pupil have vagus nerve stimulator (VNS)? No Yes

If yes, describe magnet use: Swipe _____ times every _____ seconds. Call 911 if still seizing after _____ VNS swipes.
 Give swipes before any emergency medication.

Emergency plan of action Diastat® administration

1. Administer Diastat (diazepam rectal gel) _____ Mg rectally for seizure lasting > _____ minutes and/or _____ seizures in _____ hours.

OR for the following symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Seizures lasts longer than five (5) minutes | <input type="checkbox"/> Pupil has one seizure after another without waking up |
| <input type="checkbox"/> Seizure behavior is different from other episodes | <input type="checkbox"/> You are alarmed by the frequency or severity of seizures |
| <input type="checkbox"/> Other: _____ | |

2. Call 911 if Diastat® is given or if:
- You are alarmed by the color or breathing of the person
 - This is the pupil's first seizure
 - The pupil is pregnant or has Diabetes.

3. Stay with pupil at all times!! Monitor color and breathing
 4. Commence CPR/First-Aid if needed prior to EMS arrival.
 5. Notify parent /guardian

Physician Signature _____ Date _____

Parent Signature _____ Date _____