

**SEIZURE ACTION PLAN**

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:	Cell:
Other Emergency Contact:	Phone:	Cell:
Treating Provider:	Phone:	
Significant Medical History:		

**Seizure Information**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

**Emergency Medications**

Medication	Dosage	Common Side Effects & Special Instructions

Green Zone Less than 2 minutes	Yellow Zone 2 to 5 minutes	Red Zone More than 5 minutes or 3 or more seizures in an hour
<ul style="list-style-type: none"> <li>* Begin seizure First Aid</li> <li>* Closely observe student until recovered from seizure</li> <li>* Notify parent/guardian</li> <li>* Return student to class</li> </ul>	<ul style="list-style-type: none"> <li>* Continue Seizure First Aid</li> <li>* Call for help</li> <li>* Prepare to administer Diastat/Versed</li> <li>* Closely observe student until recovered</li> <li>* Notify parent/guardian</li> <li>* Student may return to class/home as instructed by parent/guardian</li> </ul>	<ul style="list-style-type: none"> <li>* Continue Seizure First Aid</li> <li>* Administer Diastat/Versed</li> <li>* Monitor respirations and heart beat and start CPR if needed</li> <li>* Notify parent/guardian</li> <li>* Call 911 if seizure is greater than 7 minutes</li> </ul>

**Basic Seizure First Aid**

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| <ul style="list-style-type: none"> <li>- Stay calm &amp; track time</li> <li>- Keep child safe</li> <li>- Do not restrain</li> <li>- Do not put anything in mouth</li> <li>- Record seizure in log</li> <li>- Stay with child until fully conscious</li> </ul> | <p><b>For tonic-clonic seizure:</b></p> <ul style="list-style-type: none"> <li>- Protect head</li> <li>- Keep airway open/watch breathing</li> <li>- Turn child on side</li> </ul> |
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**A seizure is generally considered an emergency when:**

- 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

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

Describe any special considerations or precautions:

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Provider Signature	Date	Time
Parent/Guardian Signature	Date	Time