Name_____________________________________

EMERGENCY ACTION PLAN: SEIZURES

SYMPTOMS: **ABSENCE (PETIT MAL)** - Brief loss of consciousness, minimal or no alteration in muscle tone, usually able to maintain postural control, frequently has minor movements or twitching, often mistaken for inattention.

**TONIC-CLONIC (GRAND MAL)** - Loss of consciousness, child falls to floor or ground, breathing may stop for a moment, arms and legs may become rigid and move in rhythm with face, may be incontinent of urine and/or feces, may last several minutes, may want to sleep afterwards.

TREATMENT PLAN
1. Determine if student is having a seizure
   - Abrupt change in consciousness or responsiveness
   - An alteration in perception of the environment. Any of the senses may be altered.
   - An involuntary alteration of the individual’s movement, such as rigidity or loss of muscle control.
2. Try to remain calm.
   - Talk gently to the student
   - Reassure others around you
3. Stay with child during and after seizure.
   - If possibility of student falling help to a lying position
   - Remove glasses, loosen clothing around neck
   - Turn on side as soon as possible
   - Clear area around student to prevent injury
   - **DO NOT RESTRAIN THE STUDENT**
   - **DO NOT PLACE ANYTHING IN STUDENT’S MOUTH**
   - **DO NOT OFFER FOOD OR DRINK.**
4. Monitor breathing. If student does not start breathing after the seizure, begin mouth-to-mouth resuscitation.
5. **Call 911 ---** If student has seizure that lasts for more than 5 minutes;
   - If student has one seizure after another without waking;
   - or
   - If student does not regain consciousness.
6. After seizure is over, stay with student until full recovery has occurred. Allow student to rest. Provide reassurance. Disorientation can last for several minutes following a seizure.
7. Report seizure to parents.
   - Note what happened before, during, and after seizure. Note duration of seizure and type of body movement during seizure episode.

Notes:________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________


SCHOOL SEIZURE RECORD

NAME OF STUDENT _________________________________________ GRADE__________

SCHOOL ______________________________________________________ YEAR_________

PARENTS-GUARDIANS-EMERGENCY CONTACT-

Name___________________________________ Phone __________________________

Name____________________________________ Phone __________________________

Name____________________________________ Phone __________________________

HEALTH CARE PROVIDER

Name ____________________________________ Phone__________________________

1. What type of seizures does your child have and how often do they occur?

2. Describe your child’s symptoms during and after the seizure episode.

3. Does your child have an aura or warning of seizure coming? Is she/he able to notify anyone that a seizure is coming?

4. Name medications taken routinely. How often and how much?
   At home_______________________________________________________________
   At school____________________________________________________________

5. Does your child suffer any side effects to these medications? Please list:

6. Are there any sports/activities in which your child CANNOT fully participate?

PLEASE NOTE: If medication is to be taken at school, a medication authorization form must be completed by parent and physician and kept at school.

PLEASE READ THE EMERGENCY ACTION PLAN FOR SEIZURES ON THE REVERSE SIDE AND ADD ANY FURTHER INSTRUCTION THAT YOU WISH FOR YOUR CHILD.

Parent/Guardian Signature _____________________________________Date_____________

Nurse Signature _____________________________________________ Date_____________

*This information will be shared with necessary school personnel unless you state otherwise.