

# SEIZURE EMERGENCY ACTION/HEALTH PLAN

20 -20

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone # 1	Phone # 2

## SEIZURE INFORMATION:

Significant medical history: \_\_\_\_\_

Seizure triggers or warning signs: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_ Description: \_\_\_\_\_ Treatment: \_\_\_\_\_

Does student have a Vagus Nerve Stimulator (VNS)? ☐ No ☐ Yes – Where will it be kept: \_\_\_\_\_

Seizure Type Length Frequency Description (what does it look like?)


Does the student have any activity restrictions? ☐ No ☐ Yes

Explain/give details: \_\_\_\_\_

Does student need to leave the classroom after a seizure? ☐ No ☐ Yes

Describe process for returning to classroom: \_\_\_\_\_

A "seizure emergency" for this student is defined as: \_\_\_\_\_

### A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first-time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

## SEIZURE ACTION PLAN:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- ☐ Note start time of seizure
- ☐ Contact school nurse at: \_\_\_\_\_
- ☐ In absence of nurse or trained volunteer call 911 at onset of seizure
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Other \_\_\_\_\_

### Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure information

### For Tonic-Clonic Seizure

- Protect head
- Keep airway open/watch breathing
- Turn child on side

## TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication				Dosage & Time of Day Given		Common Side Effects & Special Instructions			
Emergency Medication				Dosage/Route		When to use		Can it be repeated (if yes, when)	

1.) Pursuant to TCA, Section 49–5-415, subsection (g): and TN State Department of Health and Department of Education Guidelines, it is the responsibility of the student's parent/guardian to notify the school nurse and/or the school administrator in writing of the administration of any anti-seizure emergency medication or any medication that is not in the regular medication schedule. This is because emergency seizure medications should not be given more than once in a specific amount of time depending on the medication. New or over-the-counter medications may also change how the child's regular medications work. 2.) The school system cannot be held liable for any adverse reactions that a student has, but especially when knowledge of new medications or emergency medications that are given at home is not shared with the school nurse or school administrator by the first day the student returns to school following home medication administration.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_