CARE PLAN/EMERGENCY ACTION PLAN-SEIZURES

Student's Name: _____ Date of Birth: _____ Age when diagnosed_____

Parent/Guardian's Name: _____ Phone #: _____

_____ Phone #: _____

Doctor's Name: _____ Phone #: _____

What type of seizure does child have? _____ How often do the seizures occur? _____

How long has it been since his/her last seizure? _____

Does he/she experience an aura before having a seizure? _____ If yes, describe: _____

MEDICATION NAME	DOSE/ AMOUNT TAKEN	HOW OFTEN?	WILL MEDICATION BE NEEDED AT SCHOOL?

Dose student have a Vagus Nerve Stimulator (VNS)? _____ Where is magnet worn? _____

Describe use of the magnet: _____

SIGNS OF SEIZURES: PLEASE CHECK BEHAVIORS THAT APPLY TO YOUR CHILD.

SIMPLE SEIZURES	GENERALIZED SEIZURES	**DANGER SIGNS- CALL 911**	BEHAVIORS EXPECTED AFTER SEIZURE
☐ Lip smacking ☐ Behavioral outbursts ☐ Staring ☐ Twitching ☐ Other: _____	☐ Sudden cry or squeal ☐ Falling down ☐ Rigidity/Stiffness ☐ Thrashing/Jerking ☐ Loss of bowel/bladder control ☐ Shallow breathing ☐ Stops breathing ☐ Blue color to lips ☐ Froth from mouth ☐ Gurgling or grunting noises ☐ Loss of consciousness ☐ Other: _____	• Seizure lasts more than 5 minutes • Another seizure starts right after the 1st seizure • Loss of consciousness • Stops breathing • If student has diabetes • If seizure is the result of an injury or child is injured during seizure • If student is pregnant • If student has never had a seizure before	• Tiredness • Weakness • Sleeping, difficult to arouse • Somewhat confused • Regular breathing • Other: _____ **ALL OF ABOVE CAN LAST A FEW MINUTES TO A FEW HOURS.** **Accommodations/Recommendations fror Physician for schoolwork, activities, and length of school day.**

IF YOU SEE THIS	**DO THIS**
SEIZURE ACTIVITY	Stay calm. Move surrounding objects to avoid injury. Do <u>not</u> hold the student down or put anything in the mouth. Loosen clothing as able. After seizure stops, roll student on his/her side**. Document seizure activity on back of this form.** If applicable, administer medications as ordered. Notify the parent/guardian.
STOPS BREATHING	Begin CPR/Rescue breathing. Call 911
LOSS OF BOWEL OR BLADDER CONTROL	Cover with blanket or jacket. If necessary: discreetly assist with changing of clothes after seizure.
DANGER SIGNS-SEE ABOVE	Call 911. Then call parent/guardian.
FALLS DOWN, LOSS OF CONSCIOUSNESS	Help student to the floor for observation and safety
VOMITING	Turn on side

SIGNATURES	DATE	PARENT SIGNATURE	NURSE SIGNATURE	Date	GRADE/TEACHER
PLAN INITIATED					
1ST REVIEW					
2ND REVIEW					