



# EMERGENCY ACTION PLAN

## Seizures

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Picture	<b>Contact Information:</b>
	Parent/Guardian Name: _____ Phone: _____
	Parent/Guardian Name: _____ Phone: _____
	Emergency Contact: _____ Phone: _____
	Additional Contacts: _____ Phone: _____

Building Health Office/School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Seizure Type	Triggers	How Long it Lasts	How Often	What Happens

### First Aid - STAY calm, begin timing seizure. Notify school nurse.

- ✓ Provide PRIVACY – remove other students from area
- ✓ Keep the student SAFE – remove harmful objects, don't restrain, protect head
- ✓ Position on SIDE – turn on side if not awake, keep airway clear, do not put objects in mouth

### Give Medication or Treatment

- ✓ Administer Medication: \_\_\_\_\_ Instructions: \_\_\_\_\_
- ✓ Swipe magnet for VNS (Vagal Nerve Stimulator) Instructions: \_\_\_\_\_

### Get Help If:

- ✓ Lasts more than 5 minutes
- ✓ Repeated seizures longer than 10 minutes with no recovery time in-between
- ✓ Seizure does not stop after giving emergency medication
- ✓ Difficulty breathing after seizure ends
- ✓ Serious injury occurs or suspected, or seizure in water

### After the Seizure

- ✓ **STAY with the student until fully recovered from seizure**
- ✓ Notify parent or guardian if student does not return to usual behavior (i.e., confused or lethargic)

Emergency Plan written by: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The parent/guardian signature authorizes the nurse to share this information with school staff on a "need to know" basis. In the event of an emergency, care will be initiated and parents will be contacted.*

This plan is in effect for the current school year only.