

# SEIZURE ACTION PLAN

— DEFEATING EPILEPSY FOUNDATION



THIS INDIVIDUAL HAS SEIZURES. THE INFORMATION LISTED WILL AID IN THE EVENT A SEIZURE OCCURS

**Full Name :** \_\_\_\_\_ **Date of Birth :** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/ Guardian (if minor) :** \_\_\_\_\_ **Phone/ Cell :** \_\_\_\_\_

**Emergency Contact :** \_\_\_\_\_ **Phone/ Cell :** \_\_\_\_\_

**Physician :** \_\_\_\_\_ **Phone/ Cell :** \_\_\_\_\_

**Important Medical History :** \_\_\_\_\_

## SEIZURE INFORMATION

Seizure	Length	Frequency	Description

Seizure triggers or warning signs:

Response after a seizure:

## BASIC FIRST AID

Please describe basic first aid procedures:

Does the individual need to leave after a seizure? If YES, describe process for return:

### Basic Seizure First Aid

- Stay calm & track time
  - Keep individual safe
  - Do not restrain
  - Do not put anything in mouth
  - Stay with individual until fully conscious
  - Record seizure in log
- For tonic-clonic seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn individual on side

## EMERGENCY RESPONSE

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

**Seizure Emergency Protocol (Check all that apply & why)**

- Contact nurse at \_\_\_\_\_
- Contact 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

### A seizure is considered an emergency when:

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

## TREATMENT PROTOCOL

Emergency Med.	Medication	Dosage & Time Given	Side Effects & Instructions

Does the student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use:

## SPECIAL CONSIDERATIONS (ACTIVITIES, SPORTS, TRIPS, ETC.)

Describe any special considerations or precautions:

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_