



CARMEL UNIFIED SCHOOL DISTRICT- HEALTH SERVICES

SEIZURE ACTION PLAN

TO BE COMPLETED BY AN AUTHORIZED HEALTH CARE PROVIDER

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_
PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_
OTHER EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_
TREATING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

SEIZURE INFORMATION

Table with 4 columns: Seizure Type, Length, Frequency, Description. Three empty rows for data entry.

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

Student's response after a seizure: \_\_\_\_\_

BASIC FIRST AID: CARE & COMFORT

Please describe basic first aid procedures:

Basic Seizure First Aid:

- Checklist of first aid steps: Stay calm & track time, Keep child safe, Do not restrain, Do not put anything in mouth, Stay with child until fully conscious, Record seizure in log, For tonic-clonic (grand mal) seizure: Protect head, Keep airway open/watch breathing, Turn child on side.

EMERGENCY RESPONSE:

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

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

- Checklist for emergency protocol: Contact school nurse at \_\_\_\_\_, Call 911 for transport to \_\_\_\_\_, Notify parent or emergency contact, Notify doctor, Administer emergency medications as indicated below, Other \_\_\_\_\_.

A Seizure is generally considered an Emergency when:

- Checklist for emergency criteria: 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.

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

Table with 4 columns: Emergency or Daily, Medication, Dosage & Time of Day Given, Common Side Effects & Special Instructions. Three empty rows for data entry.

Does student have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, Describe magnet use \_\_\_\_\_

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (regarding school activities, sports, trips, etc.)

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

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