

**New Albany-Floyd County Consolidated School Corporation School Health Services
2016-2017 School Year
Seizure Action Plan**

To be completed by prescribing Health Care Provider

Student Name: _____ Date of Birth: _____ School: _____ Grade: ____ Teacher: _____

DESCRIPTION OF SEIZURE:

Expected Type	Length	Freq	Description
<input type="checkbox"/> Tonic-Clonic (Grand Mal)			
<input type="checkbox"/> Absence (Petit Mal)			
<input type="checkbox"/> Simple Partial			
<input type="checkbox"/> Complex Partial			
<input type="checkbox"/> Other _____			

Does the student have a Vagal Nerve Stimulator? Yes No

VNS magnet should be kept with student at all times

If student has **VAGAL NERVE STIMULATOR**, please specify when to use and how often (i.e. Every minute X 4, then administer Diastat):

Does the student have Diastat? Yes No

If student has **DIASTAT**, please specify:

DOSE: _____ **MG PER RECTUM FOR THE FOLLOWING SEIZURE TYPE:**
_____, **TO BE ADMINISTERED AT:**

- Onset of seizure
- _____ minutes after onset of seizure
- For _____ or more seizures in _____ hour(s)
- Other: _____

Does the student have other medication for during seizure? Yes No

If student has **OTHER MEDICATION to use during seizure**, please specify:

Name _____

Dosage _____

Time/Symptoms requiring med _____

Prescribing Health Care Provider:

The Seizure Action Plan and medication orders have been developed and approved by:

Prescriber Printed Name Phone Fax

Prescriber Signature Date

Parent/Guardian:

I give permission to the school nurse and other trained personnel members to perform the tasks as outlined in the Seizure Action Plan. I understand that a school nurse is not always present at my child's school and I give consent for other trained school personnel to provide care to my child as needed according to this plan. I give permission for the school nurse and prescribing health care provider to exchange information regarding any necessary medication order clarifications, response to medication, and adverse effects. I also consent to the release of information contained in this Seizure Action Plan to staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Student's Parent/Guardian Signature Date

THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR

Action to take for tonic-clonic, or grand mal seizures (usually involve convulsions):



1. Cushion head, remove glasses.



2. Loosen tight clothing.



3. Turn on side and keep airway clear.



4. Note the time a seizure starts and the length of time it lasts.



5. Don't put anything in mouth.



6. Don't hold down.

Action to take for complex partial seizures (may involve staring, chewing, fumbling, wondering, confused speech):



Don't grab hold



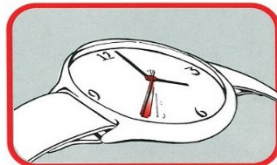
Explain to others



Block hazards



Speak calmly



Track time, remain nearby...



...until seizure ends

In the event of a seizure:

1. Note time seizure starts and stops and remain with student throughout.
2. If the child is standing or sitting when the seizure occurs, gently ease him/her to the floor, place on side, and turn head to side so that secretions will not cause choking. If available, place something soft under head. Loosen tight clothing, remove glasses (if worn), and move any hard objects away to prevent injury. Do not try to put anything in student's mouth.
3. Use vagal nerve stimulator, rectal Diastat, and/or other medication as indicated.
4. Call 911 and school nurse if any of the following occur:
 - rectal Diastat is used
 - the child has trouble breathing during the seizure
 - the seizure lasts more than five minutes (unless otherwise directed by health care provider)
 - the child chokes on secretions (blood or vomit)
 - the child is injured during a fall or during the seizure.
 - the child cannot be awakened every thirty minutes after the seizure.
5. Notify school personnel trained in CPR/First Aid to respond and initiate CPR if needed prior to EMS arrival.
6. Notify parent/guardian of all seizure activity.
7. If student transported by EMS, NAFCS staff must accompany student unless parent and/or emergency contact accompanies them. If student does not require EMS transport, allow student to rest, clean student if soiled, and check student every five minutes (ensuring student can be awakened every 30 minutes).
8. Document all seizure activity on Seizure Observation Record and submit to school nurse.
9. If prescribed medical treatment is not available to school personnel, call EMS if any circumstance from #4 occurs.
10. Other: _____

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