EPILEPSY FOUNDATION®

Seizure Action Plan

Effective Date

This child is being treated for a seizure disorder.
The information below should assist you if a seizure occurs during school hours.

Student's Name | Date of Birth

Parent/Guardian | Phone | Cell

Other Emergency Contact | Phone | Cell

Treating Physician | Phone

Significant medical history

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs

Student's reaction to seizure(s)

Basic First Aid: Care & Comfort

Please describe basic first aid procedures

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student to classroom

Basic Seizure First Aid

- ☐ 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)

- ☐ Contact school nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify parent or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

A seizure is generally considered an emergency when:

- ☐ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ☐ Student has repeated seizures without regaining consciousness
- ☐ Student is injured or has diabetic
- ☐ Student has a first-time seizure
- ☐ Student has breathing difficulties
- ☐ Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

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

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

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Seizure Emergencies

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

12. Has child ever been hospitalized for continuous seizures? ☐ YES ☐ NO
    If YES, please explain:

A seizure is generally considered an emergency when:

- ☐ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ☐ Student has repeated seizures without regaining consciousness
- ☐ Student is injured or has diabetic
- ☐ Student has a first-time seizure
- ☐ Student has breathing difficulties
- ☐ Student has a seizure in water

Seizure Medication and Treatment Information

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible Side Effects

14. What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration

** After 2nd or 3rd seizure, for cluster of seizure, etc. ** Orally, under tongue, rectally, etc.*

15. What medication(s) will your child need to take during school hours? _____
16. Should any of these medications be administered in a special way? ☐ YES ☐ NO
    If YES, please explain: _____
17. Should any particular reaction be watched for? ☐ YES ☐ NO
    If YES, please explain: _____
18. What should be done when your child misses a dose? _____
19. Should the school have backup medication available to give your child for missed dose? ☐ YES ☐ NO
20. Do you wish to be called before backup medication is given for a missed dose? ☐ YES ☐ NO
21. Does your child have a Vagus Nerve Stimulator? ☐ YES ☐ NO
    If YES, please describe instructions for appropriate magnet use:

Special Considerations & Precautions

22. Check all that apply and describe any consideration or precautions that should be taken:

- ☐ General health _____
- ☐ Physical functioning _____
- ☐ Learning _____
- ☐ Behavior _____
- ☐ Mood/coping _____
- ☐ Physical education (gym/sports) _____
- ☐ Recess _____
- ☐ Field trips _____
- ☐ Bus transportation _____
- ☐ Other _____

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? _____

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? ☐ YES ☐ NO

Dates _____
Updated _____

Parent/Guardian Signature _____ **Date** _____

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Questionnaire for Parent of Child with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Contact Information

Student's Name | School Year | Date of Birth

School | Grade | Classroom

Parent/Guardian | Phone | Work | Cell

Parent/Guardian Email

Other Emergency Contact | Phone | Work | Cell

Child's Neurologist | Phone | Location

Child's Primary Care Doctor | Phone | Location

Significant medical history or conditions

Seizure Information

1. When was your child diagnosed with seizures or epilepsy? _____
2. Seizure type(s)

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____
4. Are there any warnings and/or behavior changes before the seizure occurs? ☐ YES ☐ NO
   If YES, please explain: _____
5. When was your child's last seizure? _____
6. Has there been any recent change in your child's seizure patterns? ☐ YES ☐ NO
   If YES, please explain: _____
7. How does your child react after a seizure is over? _____
8. How do other illnesses affect your child's seizure control? _____

Basic First Aid: Care & Comfort

9. What basic first aid procedures should be taken when your child has a seizure in school?

10. Will your child need to leave the classroom after a seizure? ☐ YES ☐ NO
    If YES, what process would you recommend for returning your child to classroom:

Basic Seizure First Aid

- ☐ 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

EPILEPSY FOUNDATION®
METROPOLITAN NEW YORK
Not another moment lost to seizures

INDIVIDUALIZED SEIZURE ACTION PLAN
PLAN DE ACCIÓN DURANTE UN ATAQUE

SECTION TO BE COMPLETED BY PARENT AND/OR GUARDIAN (*SECCIÓN PARA SER LLENADO POR EL PADRE O GUARDIÁN)*

Child's Name/*Nombre del niño*:_____ Date of Birth/*Fecha de Nacimiento*:_____

Parent/Guardian *Padres/Guardián*:_____ Phone/*Teléfono*:_____ Cell:_____

Treating Physician/Medical Home/*Doctor General/Hogar Medico*:_____ Phone/*Teléfono*:_____

Other Diagnosis/Otros Diagnósticos: _____

SECTION TO BE COMPLETED BY SPECIALIST

TYPES OF SEIZURES - DESCRIPTION/ TIPOS DE ATAQUES / INFORMACIÓN

___ **Tonic/Clonic Seizures:** Loss of consciousness followed by stiffening of the entire body for a few seconds (tonic phase) then followed by a period of jerking (clonic phase). A seizure may last from one-to-five minutes. The student may have an aura or warning before the seizure is about to begin. Drowsiness may occur after the seizure. / / *Pérdida del conocimiento, seguida por rigidez de todo el cuerpo durante unos segundos (fase tónica) y luego seguido por un período de sacudidas (fase clónica). Un ataque puede durar de uno a cinco minutos. El estudiante puede tener un aura o una advertencia antes del ataque está a punto de comenzar. La somnolencia puede ocurrir después de la convulsión.*

___ **Absence Seizures:** (formerly called petit-mal) – staring, crinkling, twitching, student may appear to be "daydreaming". / *mirando, arrugarse, contracciones, estudiante puede aparecer como si esta "soñado despierto".*

___ **Myoclonic Seizures:** Limbs jerk suddenly; often happens just after awaking. No loss of consciousness. / *Extremidades tiran repentinamente, a menudo ocurre justo después de despertar. No hay pérdida de conciencia.*

___ **Atonic Seizures:** (formerly called drop seizures) – sudden loss of muscle tone; student may actually drop to the ground. / *pérdida repentina del tono muscular; estudiante realmente puede caer al suelo.*

Partial Seizures

___ **Simple Partial Seizure:** Unusual feeling of sensations such as unexplained feeling of joy, anger, sadness, nausea; may be accompanied by hearing, seeing, smelling, tasting, feeling things that are not real; student may remain awake and alert; seizure activity lasts just a few seconds. May be drowsy afterward. / *Sentido raro de sensaciones inexplicables como de alegría, ira, tristeza, náusea, puede estar acompañado por el oír, ver, oler, saborear, sentir cosas que no son reales; los estudiantes pueden permanecer despierto y alerto, la actividad convulsiva dura sólo unos segundos. Puede estar adormecido después.*

___ **Complex Partial Seizure:** May begin with an aura can cause a change in or loss of consciousness; may have repetitious behavior like lip smacking, blinks, twitches, mouth movements, repeating words, walking in a circle, throwing objects, may last 1 or 2 minutes. / *Puede comenzar con un aura, puede provocar un cambio o pérdida de conciencia; puede tener un comportamiento repetitivo, como relamerse los labios, parpadeos, tics, movimientos de la boca, repitiendo las palabras, caminar en círculo, lanzamiento de objetos, puede durar 1 o 2 minutos.*

TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications):
PROTOCOLO DE TRATAMIENTO DURANTE HORAS ESCOLARES (medicamentos diarios y para emergencias)

Daily Medication (Oral/or Rectal) *Medicamentos diarios (Oral o Rectal)*	Dosage & Time of Day Given *Dosis & Hora Tomados*	Common Side Effects & Special Instructions *Efectos Secundarios & y Instrucciones Especiales*

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Emergency/Rescue Medication/Medicamentos Para Emergencias:

**For Diastat/rectally administered medications, please respect the child's dignity and take all possible measures to insure privacy. * Para Diastat/medicamentos administrados por vía rectal, por favor respectar la dignidad del niño y hacer todo lo posible para mantener privacida.*

Call 911 or an ambulance if any of the below occur/*Llamar al 911 o ambulancia si ocurre algo en esta lista:*

- A convulsive seizure lasts longer than 5 minutes/*Si la convulsión (tónico-clónico) dura mas de 5 minutos*
- Individual has seizure AND has diabetes/*Persona tiene un ataque y tiene diabetes*
- Individual has breathing difficulties/*La persona tiene problemas respirando*
- *Is pregnant, seriously injured, or has seizure in water / Si esta embarazada, heridas graves, o tiene el ataque en agua*
- Has Partial Seizure that last more than 25 minutes */tiene convulsiones que duran mas de 25 minutos*

Does this child have a **Vagus Nerve Stimulator/** *¿El niño tiene un **Estimulador del Nervio Vago/Vagus Nerve Stimulator (VNS)**?* YES/*SI* NO

If yes, describe magnet use/ *Si tiene, describe el uso del imán*: _____

BASIC FIRST AID: CARE & COMFORT/*PRIMEROS AUXILIOS BASICOS: COMO CUIDAR A LA PERSONA*

Los síntomas más comunes son:

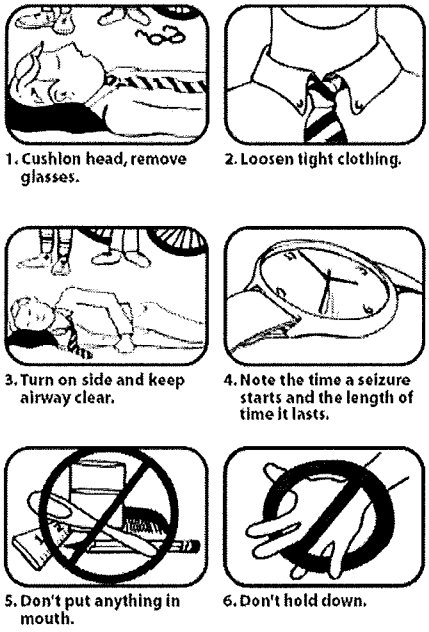
- Gemido repentino
- Caída al suelo
- Rigidez
- Respiración poco profunda
- Espasmos musculares
- Perdida del conocimiento

Estos son los primeros auxilios que puedes ofrecer a la persona que está teniendo un ataque convulsivo:

- Amortigua la cabeza
- Afloja ropa apretada en el cuello
- Voltea a la persona de costado
- No introduzcas nada en la boca
- Busca identificación
- No sostengas a la persona boca abajo
- Cuando el ataque termine, calmadamente ofrece ayuda

*Por favor ten en cuenta las acciones peligrosas que algunas personas ejecutan debido a que no tienen el suficiente conocimiento. Ten presente que **NO debes hacer**, bajo ninguna circunstancia, lo siguiente:*

- **NO** coloques nada en la boca de la persona
- **NO** trates de sujetar a la persona
- **NO** trates de administrar medicamentos anticonvulsivos orales
- **NO** mantengas a la persona de espaldas durante toda la convulsión



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AFTER A SEIZURE/ *Después del Ataque*:

1. Clean any secretions from mouth with soft cloth or tissue/ *Limpia secreciones de la boca con un paño suave.*
2. Provide privacy and allow student to rest on side for 30 minutes / *de les privacidad y permita que el estudiante se recline sobre el lado por 30 minutos.*
3. Monitor student's breathing; check for injuries or loss of bowel & bladder control/ Supervise la *respiración del estudiante; compruebe para saber si hay lesiones o pérdida del control sobre los intestinos y de la vejiga.* **If having difficulty breathing call 911/** ***Si tiene dificultad respirando llame al 911.***
4. Determine and document if student can move arms & legs or if there is a change in the student's ability to move/ *Determine y documente si el estudiante puede mover los brazos y las piernas o si hay un cambio en la capacidad del estudiante de moverse.*
5. Notify parents/ *Notifique a los padres*
6. Remain with student until he/she has regained normal mental senses/ *Permanezca con el estudiante hasta que él haya recuperado sentidos mentales normales.*
7. Describe and record seizure activitiy, time seizure activity started & stopped, name, time and dose ofanti-seizure medication given/ *Describa y registre la actividad del ataque y el tiempo de duración; nombre de medicación y la dosis dada.*

Parent/Guardian Signature/*Firma de los Padres/Guardián*:_____Date/*Fecha*: _____

Signature of Health Care Provider:
Firma de la Proveedor de Servicios de Salud: _____ _____
Date/*Fecha*

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