



Seizure Action Plan

Newman International Academy

Student Name: _____ Grade: _____ Age: _____

Homeroom Teacher: _____ Room: _____

Parent/Guardian Name: _____ Phone: _____

Relationship: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Relationship: _____ Email: _____

Emergency Phone Contact #1 _____
Name Relationship Phone

Emergency Phone Contact #2 _____
Name Relationship Phone

Physician Treating Student for Seizure: _____
Name Phone

BASIC FIRST AID: CARE AND COMFORT:

(Please describe basic first aid procedures)

Does student need to leave the classroom after a seizure?

Yes No

EMERGENCY RESPONSE:

A “seizure emergency” for this student is defined as:

- Contact School Nurse Notify parent/guardian
- Administer emergency Medications. Call 911 for _____
- _____

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

A Seizure is generally considered an Emergency when:

- 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

Seizure Descriptions:

- Absence Seizure—Brief lapses of consciousness (1-4 seconds, like daydreaming) that begin and end abruptly.
- Partial Seizure—Consciousness unimpaired; uncontrollable changes in mood, sensation, and/or movement (such as twitching of a body part).
- Complex Partial Seizure—Impaired consciousness accompanied by confusion and uncontrollable automatic movements (such as wandering about touching things, etc.). May strike out if abruptly restrained. Lack of responsiveness may be misinterpreted as a behavior problem.
- General Tonic-Clonic Seizures—Loss of consciousness accompanied by falling, stiffening and jerking movements (average time 1-2 minutes). Breathing is shallow or absent, skin possibly pale or bluish.



Seizure Action Plan (Continued)

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SEIZURE HISTORY

• **Seizure type** (*Check all that apply.*)

- Absent Seizure
- Complex Partial Seizure
- Partial Seizure
- General Tonic-Clonic Seizures (Grand Mal)

• **What will trigger a seizure?**

• **List any warning signs before the seizure**

• **Describe the seizures**

• **Describe student's behavior following a seizure**

• **Average length of time** _____.

How often seizures occur _____.

• **Daily Medication Plan**

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

REQUIRED SIGNATURE

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Seizure Action Plan for my child for the _____ - _____ school year.

Parent/Guardian

Date

School Nurse

Date