

**Seizure Action Care Plan
Rose Hill USD 394**

Name of student _____

Date of birth _____

Neurologist _____

Phone# _____

EMERGENCY CONTACTS

<u>Name</u>	<u>Relationship</u>	<u>Home #</u>	<u>Cell #</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Seizure type	Length	Frequency	What does it look like

1. When was your child diagnosed with seizures? _____

2. Possible triggers that should be avoided: _____

3. Is student allowed to participate in PE and other activities? _____

4. Are there any warning or behavior changes before the seizure occurs? _____

5. When was your child's last seizure? _____

6. How often does your child have seizures? _____

7. How does your child react after a seizure is over? _____

8. How do illnesses affect your child's seizure control? _____

9. Does your child have a vagal nerve stimulator? _____

Are medications needed to control seizures? _____ (Please list below)

Medications	Dosage	Time taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What medications will your child need to take during school hours? _____

Basic Seizure First Aid	For tonic clonic seizure	Seizure emergency
Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious	Protect head Keep airway open Protect breathing Turn child on side Examine for injury Reassure	Lasts longer than 5 minutes Child has repeated seizures without regaining consciousness First time seizure Child is injured or has breathing difficulties

Basic Seizure first aid (please check your wishes)

- Contact parent
- Child can remain in classroom
- Child should be monitored in health room and return to class when ready
- Child will need to go home

Emergency Response

The average convulsive seizure in a child with known seizures is not a medical emergency. It usually resolves without problems and does not require medical attention.

A seizure emergency for my child is described as: _____

Seizure Emergency Protocol: (Please check all that apply)

- Call 911 for transport to _____
- Administer emergency medication
- Notify parent or emergency contact

Rescue medication

Diastat _____ mg

- Give _____ mg per rectum for seizures > _____ minutes
- Call 911 if the seizures do not stop _____ minutes after Diastat given

Special considerations regarding sports, activities and field trips:

- None
- No contact sports
- No use of power tools/equipment
- No swimming

Other _____

Parent signature _____ Date _____