



Emergency Action Plan: Seizure

Student _____ Program _____ School Year _____

Warning Signs - If you see this:	Do this:
<p>Non – Convulsive:</p> <ul style="list-style-type: none"> • Staring • Fidget, sit, stand, or walk aimlessly • Lip smacking, chewing motions • Appear drunk, drugged/confused <p>Convulsive:</p> <ul style="list-style-type: none"> • May fall, stiffen, have jerking motions • Loss of bowel/bladder control • Unresponsive; dilated pupils • Labored breathing • Extra saliva production 	<ul style="list-style-type: none"> • Stay calm and stay with student • Begin timing seizure • If convulsive seizure, guide student to the floor in an open area, placing student on side. Protect head. • Provide privacy • Notify Green Team as necessary • Do not restrain/inhibit movement or put anything in the student’s mouth. • Remove glasses and loosen clothing around neck • Once awake, take to an area the student can rest • Be aware that student may experience loss of bowel or bladder control. Provide reassurance & assistance.

Type of seizure typical for student

Please describe the seizures (i.e. staring, rhythmic/repetitive movements, side of the body, tonic-clonic)

List triggers or warning signs:

Seizure typically lasts _____ minutes and student returns to baseline in _____ minutes

Warning Signs - If you see this:	Do this:
<ul style="list-style-type: none"> • Convulsive (tonic-clonic) seizure lasting longer than 5 minutes • Repeated seizures • Student has diabetes • A first-time seizure • Skin gray or blue • Difficulty breathing 	<ul style="list-style-type: none"> • Notify Green Team immediately • If after hours, call 911

****See other side for student-specific interventions****

Student-Specific Emergency Interventions: Seizure

Student _____ Program _____ School Year _____

Medications:

_____ Diazepam rectal gel _____ mg rectally PRN for seizure > _____ minutes OR for _____ or more seizures in _____ hours. Following administration, call parent/guardian to pick up student

_____ Midazolam nasal spray _____ mg nasally PRN for seizure > _____ minutes OR for _____ or more seizures in _____ hours. Following administration, call parent/guardian to pick up student

_____ Other: _____

Medication location:

_____ Clinic _____ Classroom _____ Travels with student (bag/backpack/aide carries)

Vagal Nerve Stimulator

_____ Use Vagal Nerve Stimulator (VNS) for: _____

Call 911 if:

_____ Seizure does not stop by itself or with treatment within _____ minutes

_____ Student does not start waking up within _____ minutes after seizure (no medication/VNS)

_____ Student does not start waking up within _____ minutes after seizure (after medication/VNS)

_____ Always call 911 if student has a seizure.

Following a seizure:

_____ Student should rest in clinic until: _____

_____ Student may return to class when: _____

_____ Notify a parent/guardian immediately

Name: _____ Phone: _____ OR

Name: _____ Phone: _____

_____ Notify the physician:

Name _____ Phone: _____

_____ Other intervention _____

Physician Name (Printed): _____ Phone: _____

Physician Signature: _____ Date: _____

Parent Name (Printed): _____ Phone: _____

Parent Signature _____ Date: _____

Nurse Review: _____ Date _____

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