

Seizure Action Plan:

Name:

Childs DOB: / /

Childs Weight: Date Taken:

Parents:

Emergency Contact:

Email:

Relation:

Phone:

Phone:

Pediatrician:

Neurologist:

Phone:

Phone:

Email:

Email:

Seizure Information:

Seizure Type:

What Happens:

Length:

Frequency:

Triggers:

Daily Seizure Medication:

Medications:

How Much:

How Often:

Diet:

Special Instructions:

When Started:

Devices Type:

Special Instructions:

Date Implanted:

Serial # / Model #:

Seizure First Aid:

- Keep calm, provide reassurance, remove bystanders
- Keep airway clear, turn on side if possible, nothing in mouth
- Keep safe, remove objects, do not restrain
- Time, observe, record what happens
- Stay with person until recovered from seizure
- Other care needed:

Emergency Care / Rescue Treatments:

Name:	Amount to Give:	When to Give:	How to Give:

Call 911 or Seek Emergency Medical Attention If:

- Generalized seizure longer than 5 minutes
- Two or more seizures without recovering between seizures
- " Emergency Care / Rescue Treatments " don't work
- Injury occurs or is suspected, or seizures occurs in water
- Breathing, heart rate or behavior doesn't return to normal
- Unexplained fever or pain, hours or few days after a seizure

Authorizations:

I have read this action plan and agree with the information . I also give permission for the school nurse to discuss the management of epilepsy with members of the medical team.

Parent / Guardian Signature _____ Date ____ / ____ / ____

The school nurse may administer medications per this action:

Provider Signature _____ Date ____ / ____ / ____

In general, children with seizure disorders should not be limited in their activities. However, climbing to heights without a harness or swimming should always be closely monitored.