

St. Theresa School Seizure Action Plan (2018-2019)



Name (Last) _____ (First) _____

Date of Birth _____ Home Phone _____

Parent / Guardian _____ Mother Phone _____

Parent / Guardian _____ Father Phone _____

Seizure Information

⇒ Seizure Type _____ Length _____ Frequency _____

Description _____

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Description _____

⇒ Triggers or Warning Signs _____

Response after a seizure _____

⇒

<i>Seizure Emergency Protocol</i>	<i>Basic Seizure First Aid</i>	<i>Considered an Emergency....</i>
<ul style="list-style-type: none"> <input type="radio"/> Check all that apply: <input type="radio"/> Contact Nurse Ext. 212 <input type="radio"/> Call 911 for transport <input type="radio"/> Notify Parents / Emergency <input type="radio"/> Administer emergency medications as ordered <input type="radio"/> Notify doctor 	<ul style="list-style-type: none"> <input type="radio"/> Stay Calm and track time <input type="radio"/> Keep child safe <input type="radio"/> Do not restrain <input type="radio"/> Do not put anything in mouth <input type="radio"/> Keep airway open <input type="radio"/> Turn child to side <input type="radio"/> Stay with child until fully conscious <input type="radio"/> Record seizure in log 	<ul style="list-style-type: none"> <input type="radio"/> Convulsive (tonic-clonic) seizure lasting longer than 5 minutes <input type="radio"/> Repeated seizures without regaining consciousness <input type="radio"/> Is injured or has diabetes <input type="radio"/> First time seizure <input type="radio"/> Breathing difficulties

Treatment Protocol during School Hours (Include all daily and emergency medications)

Does student have a Vagus Nerve Stimulator? No ___ Yes ___ Describe use _____

Medication	Dosage & Time Given	Common Side Effects & Special Instructions

Special Considerations & Precautions regarding school activities, sports, field trips: _____

Physician Signature _____ Date _____

Parent / Guardian Signature _____ Date _____