

SEIZURE DISORDER ACTION PLAN

Student's Name _____

Emergency Phone Numbers:

Parent/Guardian

#1 _____ Home _____ Work _____

Parent/Guardian

#2 _____ Home _____ Work _____

Other Emergency Contact:

Name _____ Home _____ Work _____

Physician _____ Number _____

SEIZURE TYPE: _____

ACTION TO BE TAKEN: _____

Medications:

Taken at home _____

Taken at school _____

Parent Signature _____ Date _____

Physician's Signature _____ Date _____

School Nurse's Signature _____ Date _____

("X" Indicates Type of Seizure Student Experiences)

GENERALIZED TONIC-CLONIC SEIZURE (GRAND MAL SEIZURE)
Cry, fall, rigidity, muscle jerks, shallow breathing, bluish skin, loss of bladder or bowel control

ACTION TO BE TAKEN

1. Protect from nearby hazards (move furniture etc.)
2. Loosen collar
3. Protect head from injury (place soft material under head)
4. Turn student on side to keep airway clear
5. If seizure lasts more than 5 minutes or if one seizure goes directly into another – **CALL 911**
4. Record length and time of seizure
5. Notify parent of any seizure

DO NOT – restrain, place anything in the mouth, give water during or directly after, use rescue breathing unless breathing is absent after the seizure or water has been inhaled

ABSENCE SEIZURE (PETIT MAL SEIZURE)
Blank stare beginning and ending abruptly, lasting only a few seconds; possibly followed by rapid blinking, chewing movements

ACTION TO BE TAKEN

Observe closely and record frequency, length of time etc.
Report to parent/guardian

SIMPLE PARTIAL SEIZURE
Jerking movement in one area of body, arm, leg or face
(May progress to other areas.)

ACTION TO BE TAKEN

Observe closely and record data
Report to parent/guardian

COMPLEX PARTIAL SEIZURE
Blank stare followed by chewing and random activity
(Dazed, mumbling, unresponsive, clumsy actions, runs and appears afraid)

ACTION TO BE TAKEN

Gently guide student away from hazards (stairs, etc.)
Speak calmly to student and others
Stay with student and record data
Report to parent/guardian

ATONIC SEIZURE
Sudden collapse and fall

ACTION TO BE TAKEN

Observe for injury due to fall
Record data
Report to parent/guardian

MYCLONIC SEIZURE
Sudden brief, massive muscle jerks involving parts or whole of body

ACTION TO BE TAKEN

Observe and record data
Report to parent/guardian