



## Fairview Park City School District

21620 Mastick Rd., Fairview Park, OH 44126 / P: (440) 331-5500

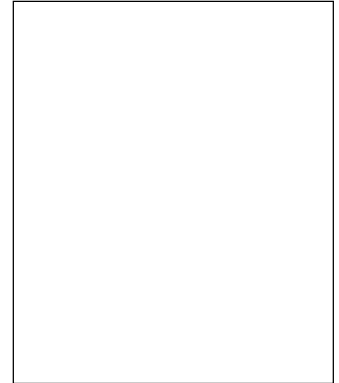
High School Fax: (440) 356-3529/ Middle School Fax: (440) 356-3545/ Elementary Fax: (440) 356-3701/ EEC Fax:

Superintendent: Dr. William W. Wagner - Treasurer: Kimberly Sperling

# SEIZURE ACTION PLAN

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Rm. \_\_\_\_\_



**Mother/Guardian:** \_\_\_\_\_

Home Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Work Tel: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Home Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Work Tel: \_\_\_\_\_

**Treating Physician:** \_\_\_\_\_

Tel: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Triggers or warning signs \_\_\_\_\_

## Seizure Emergency Protocol

A "seizure emergency" for this student is defined as:

- Seizure lasting > \_\_\_\_\_ minutes
- \_\_\_\_\_ or more Seizures in \_\_\_\_\_ hour(s)
- Other \_\_\_\_\_

**Seizure Emergency Protocol:** *(Check all that apply and clarify below)*

Contact nurse/clinic staff at \_\_\_\_\_

Call 911 for transport to \_\_\_\_\_

Notify parent or emergency contact

Notify doctor

Administer emergency medications as indicated below

Other \_\_\_\_\_



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### TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

**Emergency Medication/ Instructions:** \_\_\_\_\_

#### Call 911 if:

- Seizure does not stop within \_\_\_\_\_ minutes of giving Emergency medication
- Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (NO Emergency medication given)
- Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (AFTER Emergency medication is given)
- Seizure does not stop by itself or with VNS within \_\_\_\_\_ minutes

#### Following a seizure:

- Child should rest in clinic.
- Child may return to class (specify time frame \_\_\_\_\_ )
- Notify parent immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other \_\_\_\_\_

**Seizure Information** - Student may experience some or all of the listed symptoms during a specific seizure.

Seizure Type(s)	Description
<b>Absence</b>	<ul style="list-style-type: none"> <li>• Staring</li> <li>• Eye blinking</li> <li>• Loss of awareness</li> <li>• Other _____</li> </ul>
<b>Simple partial</b>	<ul style="list-style-type: none"> <li>• Remains conscious</li> <li>• Distorted sense of smell, hearing, sight</li> <li>• Involuntary rhythmic jerking/twitching on one side</li> <li>• Other _____</li> </ul>
<b>Complex partial</b>	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Not fully responsive/unresponsive</li> <li>• May appear fearful</li> <li>• Purposeless, repetitive movements</li> <li>• Other _____</li> </ul>
<b>Generalized tonic-clonic</b>	<ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Stiffening</li> <li>• Breathing may be shallow</li> <li>• Lips or skin may have blush color</li> <li>• Unconsciousness</li> <li>• Confusion, weariness, or belligerence when seizure ends</li> <li>• Other _____</li> </ul>

Seizure usually lasts \_\_\_\_\_ minutes and returns to baseline in \_\_\_\_\_ minutes.

Triggers or warning signs \_\_\_\_\_



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Call parents under the following circumstances

1. \_\_\_\_\_

2. \_\_\_\_\_

Basic Seizure First Aid
<ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep child safe</li> <li>• Do not restrain</li> <li>• Do not put anything in mouth</li> <li>• Stay with child until fully conscious</li> <li>• Record seizure in log</li> </ul>
<b>For tonic-clonic (grand mal) seizure:</b>
<ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open/watch breathing</li> <li>• Turn child on side</li> </ul>

A Seizure is generally considered an EMERGENCY when
<ul style="list-style-type: none"> <li>• A convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>• Student has repeated seizures without regaining consciousness</li> <li>• Student has a first time seizure</li> <li>• Student is injured or has diabetes</li> <li>• Student has breathing difficulties</li> <li>• Student has a seizure in water</li> </ul>

Special Considerations and Safety Precautions (regarding school activities, sports, trips, etc.)

Signatures

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**DATE**