Akron Children's Hospital

School Health Services

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

Place child's picture here

Emergency Action Plan for Seizure Disorder

Student Name: _____ Birthdate: _____
School: _____ Grade: _____
Physician: _____ Phone Number: _____
Parent/Legal Guardian: _____Relationship: _____
Work Phone: _____Home Phone: _____ Cell Phone: _____

Emergency Contact

Name	Relationship	Home Phone	Work Phone	Cell Phone

Seizure Type(s): _____
Usual Length: _____ How often: _____
Precipitating Factors: _____

Basic First Aid with Seizures

- Stay Calm
- Track time (duration of seizure activity) Start time. End time.
- Keep child safe
- Speak quietly and calmly to child
- Do not restrain or attempt to stop movement
- Do not put anything in mouth
- Stay with child until fully conscious

For tonic-clonic (grand mal) seizure:

- Basic first aid
- Protect head
- Place child on his/her side away from harmful objects (chairs, desks, etc.)
- Remove eyeglasses and any tight objects around the person's neck

When to call 911

- Tonic-clonic seizure lasting longer than 5 minutes
- Child has repeated seizures without regaining consciousness
- Child is injured or has diabetes
- Child has difficulty breathing

**See back for medication orders

Student's Name: _____ Birthdate: _____

Medical Treatment prescribed if a seizure occurs

- O Vagus Nerve stimulator: Swipe magnet over device (device is located under the skin of upper left chest: remove the magnet, you may repeat every one to two minutes until the seizure resolves)
- O Diastat (Rectal Diazepam): Administer _____mg _____ minutes after onset of seizure
- O Klonopin: Administer _____ mg

Green Zone **Less than 2 minutes**	**Yellow Zone** **2 to 5 minutes**	**Red Zone** **More than 5 minutes or if 2 or more consecutive seizures**
• Begin First Aid • Swipe VSN Magnet if ordered • Allow student to recover from seizure • Notify parent/guardian and return to class or to home as instructed by parent/guardian	• Continue First Aid • Call for help • Re-swipe VNS magnet • Prepare to administer Diastat (provide privacy) • Allow student to recover from seizure • Notify parent/guardian and return to class or to home as instructed by parent/guardian	• Administer Diastat if ordered • Continue First Aid • Notify parent/guardian • If seizure does not stop after medication CALL 911

Actions after a Seizure:

- O Provide change of clothes as needed
- O Contact school nurse
- O Contact parent/guardian
- O Contact 2nd emergency contact if parent/guardian not available
- O Provide note or copy of seizure record to parent/guardian

Physician Signature: _____Date: _____
Printed Name: _____Phone Number: _____

<u>Parent/Guardian:</u> I give permission for my child to receive seizure medication at school according to the school district policy and as instructed by my healthcare provider.
I agree and am responsible to:

- **Deliver my child's seizure medicine to school in its original container and labeled by a pharmacist or healthcare provider**
- **Tell the school as soon as possible if there is a change in the use of my child's seizure medicine**
- **Tell the school if my child gets a new healthcare provider**
- **Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.**

I agree for child's healthcare provider to talk with the school or any school staff person about my child's seizure medical plan. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: _____ Date: _____
Print Name: _____ Phone Number: _____