



Seizure Action Plan

Child's Name _____ DOB _____ Age _____ Classroom _____

Parent: _____ Phone: _____

Physician: _____ Phone: _____

Physician Signature: _____ Date: _____

Seizure Information

Seizure Type	Length	Frequency	Description
Seizure triggers or warning signs:		Response after seizure:	

Special Considerations and Precautions: (activities, trips, diet)

Treatment

<input type="checkbox"/> Absence <input type="checkbox"/> Atonic <input type="checkbox"/> Complex Partial <input type="checkbox"/> Infantile Spasms	<ol style="list-style-type: none"> Stay with the child during and after the seizure. Although the child may appear conscious, he/she may lose awareness of surroundings. Be prepared to assist child to the floor if he loses consciousness. Document seizure in log. Notify parent. <p>Special Instructions:</p>
<input type="checkbox"/> General Tonic/Clonic	<ol style="list-style-type: none"> Do not restrain movement. Let the seizure run its course. Turn child on side. Loosen the child's collar. Do not place anything in the mouth. Remove hard, sharp objects from the area. If possible turn head to the side in the event he/she vomits. (Use "Universal Precautions" if child vomits.) Observe, note time & be prepared to describe the pattern of the seizure. Record details as they occur, or as soon as possible thereafter. Notify parent. When seizure is over, allow the child to rest. Stay with the child until fully recovered or parent arrives.
<p>Administer Emergency Medication:</p> <p>Emergency Response</p> <p>Call 911!</p>	<p>Diastat order: _____</p> <p>Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, describe magnet use: _____</p> <p>Call 911 if:</p> <ul style="list-style-type: none"> ▪ the seizure lasts more than _____ minutes, or ▪ the child has a continuous seizure, or ▪ the child remains unconscious after the seizure, or ▪ he or she is having difficulty breathing, or ▪ any injury resulted from the seizure.