

University of Nebraska-Lincoln Children's Center

Seizure Action Plan

Effective Date: _____

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name:	Date of Birth:	
Parent/Guardian:	Phone:	Cell:
Other Emergency Contact:	Phone:	Cell:
Treating Physician:	Phone:	
Significant Medical History:		

Seizure Information:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____

Student's response after a seizure: _____

Basic First Aid: Care & Comfort

Please describe basic first aid procedures: _____

Does student need to leave the classroom after a seizure? Yes No

If YES, describe process for returning student to classroom: _____

<p><u>Basic Seizure First Aid</u></p> <ul style="list-style-type: none">• Stay calm• Keep child safe• Do not restrain• Do not put anything in mouth• Stay with child until conscious• Record seizure in log <p>For tonic-clonic seizure:</p> <ul style="list-style-type: none">• Protect head• Keep airway open/watch breathing• Turn child on side	<p><u>A seizure is generally considered an emergency when:</u></p> <ul style="list-style-type: none">• Convulsive (tonic-clonic) seizure lasts longer than 5 minutes• Student has repeated seizures without regaining consciousness• Student is injured or has diabetes• Student has a first-time seizure• Student has breathing difficulties• Student has a seizure in water
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Emergency Response:

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

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

Call 911 for transport to _____

Notify parent or emergency contact

Administer emergency medications as indicated below

Other _____

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med.	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use:

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

Describe any special considerations or precautions: _____

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Lead Teacher Signature: _____ Date: _____

Assistant Teacher Signature: _____ Date: _____



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