

SEIZURE ACTION PLAN

PARENT/GUARDIAN complete and sign the top portion of form.	
Child Name:	Birth date:
Parent/Guardian Contact:	Phone:
Emergency Contact:	Phone:
School:	Grade:
Triggers: <input type="checkbox"/> tiredness <input type="checkbox"/> flashing lights <input type="checkbox"/> illness <input type="checkbox"/> hunger <input type="checkbox"/> temperature <input type="checkbox"/> Other: _____ Seizure Aura (if any): _____ Seizure history: <input type="checkbox"/> Convulsive <input type="checkbox"/> Focal <input type="checkbox"/> Absence Date of last known seizure _____ Describe: _____	
Antiseizure Medication Taken at Home	Common side effects
Other Seizure Treatments/Special Diet Therapy:	

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

504 plan
 IEP

_____ PARENT SIGNATURE _____ DATE _____ SCHOOL NURSE SIGNATURE _____ DATE

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

IF YOU SEE THIS:	DO THIS:
<input type="checkbox"/> Convulsive Generalized Tonic Clonic: You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.	1. Time the seizure 2. Keep calm. Provide reassurance. 3. Protect head, keep airway clear, turn on side if possible. 4. Do not place anything in mouth. 5. Call 911 if student is injured or has difficulty breathing. 6. Call parent. 7. Stay with student until recovered from seizure. 8. Administer rescue treatments as marked below.
<input type="checkbox"/> Focal: These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 minutes.	1. Time the seizure 2. Gently guide child away from danger. 3. Stay with student and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch or a nudge. 5. Call parent. 6. Administer rescue treatments as marked below.
<input type="checkbox"/> Absence: You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.	

<p>Rescue Treatments</p> <p><input type="checkbox"/> Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within _____ minutes.</p> <p>If seizure <u>lasts longer</u> than ____ minutes administer:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Diastat ____mg rectally</td> <td style="width: 33%;"><input type="checkbox"/> Midazolam ____mg in the nose</td> <td style="width: 33%;"><input type="checkbox"/> Clonazepam ____mg in the cheek</td> </tr> </table> <p><input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.</p> <p>If <u>cluster</u> of ____ or more seizures in _____ min administer:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Diastat ____mg rectally</td> <td style="width: 33%;"><input type="checkbox"/> Midazolam ____mg in the nose</td> <td style="width: 33%;"><input type="checkbox"/> Clonazepam ____mg in the cheek</td> </tr> </table> <p><input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.</p> <p>If emergency medication is administered: <input type="checkbox"/> Call 911 immediately or <input type="checkbox"/> Call 911 if seizure does not stop within 5 minutes</p> <p>Other:</p>	<input type="checkbox"/> Diastat ____mg rectally	<input type="checkbox"/> Midazolam ____mg in the nose	<input type="checkbox"/> Clonazepam ____mg in the cheek	<input type="checkbox"/> Diastat ____mg rectally	<input type="checkbox"/> Midazolam ____mg in the nose	<input type="checkbox"/> Clonazepam ____mg in the cheek
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"This document and the information it contains was created by Children's Hospital Colorado ("CHCO") to serve as a guideline and reference tool for use by CHCO employees while acting within the scope of their employment with CHCO. The information presented is intended for informational and educational purposes only. It is not intended to take the place of your personal physician's advice and is not intended to diagnose, treat, cure or prevent any disease. The information should not be used in place of a visit, call, consultation or advice of your physician or other health care provider.

If no emergency medication is at school and the child is experiencing seizures:

Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than ___ min

Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDER'S NAME

PHONE/FAX

DATE

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