

**Seizure  
Emergency Action Plan**

Child's Name	DOB:
Parent's Name(s)	Daytime Ph/Cell
	Daytime Ph/Cell
2 <sup>nd</sup> Contact	Daytime Ph/Cell
Teacher: _____ Grade: _____ Car# _____	School Nurse: _____
Type of Seizure:	

If You See This	Do This
Jerking, twitching movements of body, arms or legs Staring into space Loss of posture Sudden collapse Rigid or stiff arms and/or legs	Stay calm Help the child lie down - Provide cushion for head <b>Time the seizure</b> – <i>how many minutes does it last</i> Clear room of other students Call school nurse/first responder/CPR trained staff member Do not restrain – Nothing in mouth Remove nearby furniture to prevent injury DO NOT leave student unattended Notify parent of event
<b>Emergency Seizure Medication</b> <b>Diastat</b> _____ <b>Midozolam</b> _____ <b>Other</b> _____ <i>** Attach medication permission forms</i>	Give medication as ordered Call <b>parent/guardian</b> or <b>911</b> if medication given (circle) <i>**Attach completed Training Form for medication</i>
When seizure is over	Finish timing the seizure Turn student on side, in case of vomiting Allow student to rest, will be sleepy/groggy at first Parent/ guardian will decide if student should go home. Be reassuring and supportive
IF seizure lasts more than 5 minutes IF seizure repeats immediately IF more than one seizure at any time on the same day <i>*This may not apply to absence seizures. Consult parent.</i>	<b>Call 911</b> <b>Begin CPR only if breathing does not begin <u>after seizure is over</u></b>
<i>Medications taken at home:</i>	

Seizure Triggers: \_\_\_\_\_ Does student know triggers? Yes No  
 Seizure warning signs: \_\_\_\_\_ Does student know warning signs? Yes No  
 Can student tell when a seizure is about to happen? Yes No  
 Date of last seizure \_\_\_\_\_ Activity restrictions Yes No *(if yes, attach doctors note)*  
 Describe a typical seizure \_\_\_\_\_

**This information may be shared with school personnel and emergency service providers as deemed necessary unless you state otherwise in writing. I agree to inform school staff of any changes in my child's health that would warrant change in this action plan.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

<p>Generalized Tonic-Clonic</p> <p>Also known as: Grand Mal</p>	<p>Tonic Phase:</p> <ul style="list-style-type: none"> <li>● Stiffening of limbs</li> <li>● Breathing may slow or completely stop causing bluing of lips, nail beds and face</li> </ul> <p>Clonic Phase:</p> <ul style="list-style-type: none"> <li>● Usually lasts less than a minute</li> <li>● Breathing returns, may be irregular</li> <li>● Jerking of limbs and face</li> <li>● May urinate</li> </ul>
<p>Absence Seizures</p> <p>Also known as: Petit Mal</p>	<ul style="list-style-type: none"> <li>● Lapses of awareness (staring) that begin and end abruptly lasting a few seconds</li> <li>● No warning or after effect</li> <li>● Can be accompanied by brief monocular jerking of eyelids or facial muscles or by variable loss of muscle tone</li> </ul>
<p>Atonic Seizures</p> <p>Also known as: Drop Seizure, Astatic Seizure, Akinetic Seizures</p>	<ul style="list-style-type: none"> <li>● Produce abrupt loss of muscle tone resulting in head drops, loss of posture, or sudden collapse.</li> <li>● Can result in a head injury from fall</li> <li>● Often resistant to drug therapy</li> </ul>
<p>Myoclonic Seizure</p>	<ul style="list-style-type: none"> <li>● Rapid and brief contractions of bodily muscles</li> <li>● Usually occur on both sides of the body at the same time</li> <li>● Occasionally can involve one arm or one foot</li> </ul>
<p>Partial Seizures</p>	<ul style="list-style-type: none"> <li>● Subdivided into simple partial and complex partial</li> <li>● Limited to one side of the brain</li> <li>● May spread to generalized seizures (Grand Mal)</li> <li>● Any movement, sensory, or emotional symptom, including visual and auditory hallucinations can occur</li> </ul> <p>Simple Partial:</p> <ul style="list-style-type: none"> <li>● Does not lose consciousness</li> <li>● May not be able to speak or move until seizure stops</li> <li>● Remain awake and fully aware of their surroundings</li> </ul> <p>Complex Partial:</p> <ul style="list-style-type: none"> <li>● Consciousness is affected</li> <li>● Not in control of their movements, speech, or actions</li> <li>● Doesn't know what they're doing and can't remember afterwards</li> <li>● May appear awake but can't respond with appropriate movements or speech</li> </ul>