

Emergency Action Plan



SEIZURE DISORDER

Student: _____ Grade: _____ DOB: _____ Bus #: _____/Car Rider: _____

Aura or sign seizure is coming: _____ Last Known Seizure: _____

Daily Medications: _____ School Year: _____ School: _____ Teacher: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

Tonic-Clonic Seizure: Grand mal

- Entire body stiffens, jerking movements
- May cry out, turn bluish, be tired afterwards
- Clenched jaw
- Stop Breathing
- Headache
- Loss of Consciousness
- Incontinence(Loss of Bladder Control)

Absence Seizure: Petit mal

- Staring spell, may blink eyes(eye fluttering)
- Hand twitching
- Lip Smacking
- Absence Spells
- Often mistaken for lack of attention
- Stop talking Abruptly
- Alert after spell

First Aid for Seizure Activity:

- ♦Ease the student to the floor and clear the area around the student to avoid injury.
- ♦DO NOT PUT ANYTHING IN THE STUDENT’S MOUTH OR RESTRAIN MOVEMENTS.
- ♦Place student on side if possible, speak to student in reassuring tone
- ♦Stay with student until help arrives
- ♦Begin treatment and note time seizure activity started, kinds of movements or behaviors, what body parts are involved, and if loss of consciousness occurs and for how long.
- ♦Notify school nurse/Emergency Response Team (First Responders)
- ♦Notify parent/guardian (do not delay treatment)
- ♦CALL 911 IF SEIZURE LASTS OVER 5 MINUTES or HAS ONE AFTER ANOTHER AT SHORT INTERVALS.

♦**Emergency medication ordered**

Yes No Type: _____ Location: _____

CALL 911 IF EMERGENCY MEDICATION GIVEN

- ♦Begin CPR / Call 911 if breathing stops
- ♦After seizure, keep airway clear by placing student on his/her side.
- ♦Student should be allowed to rest following seizure
- ♦Special Instructions: _____

* For Absence Seizures ONLY, contact parent/guardian and monitor.

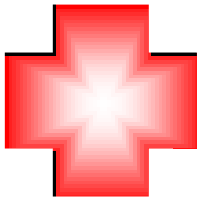
Bus Transportation Plan: Medication available on Bus Medication **NOT** available on bus

Parent/Guardian Signature: _____ Date: _____

Emergency contact: _____ Phone:(w) _____ (c) _____

School Nurse Signature: _____ Date: _____

STAFF MEMBERS INSTRUCTED: Classroom Teacher(s) Special Area Teacher(s) Support Staff Transportation Staff



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