

Midland Innovation + Technology Charter School
Health Services

SEIZURE ACTION PLAN

THE SCHOOL WILL USE THIS INFORMATION AS A SEIZURE ACTION PLAN TO PROVIDE THIS STUDENT'S CARE AND TREATMENT AT SCHOOL

Student Name _____ DOB _____ Grade _____ School Year _____

Physician _____ Phone # _____

EMERGENCY CONTACTS (In order to be called)

Name	Relationship	Home #	Work #	Cell #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Type of seizure: _____

What does the seizure look like and how long does it usually last? _____

Seizure triggers and/or warning signs: _____

Does student need any special activity adaptations/protective equipment (e.g., helmet, sunglasses) at school?

_____ No _____ Yes (explain) _____

Is student allowed to participate in physical education and other activities? _____ No _____ Yes

(explain) _____

ARE MEDICATIONS NEEDED TO CONTROL THE SEIZURES? _____ No _____ Yes (List below the medications needed)

MEDICATIONS (physician order/parent permission form must be on file)

Medication	Dose	How Often
1. _____	_____	_____
2. _____	_____	_____

IF GENERALIZED SEIZURE OCCURS:

1. If falling, assist student to floor, turn to side.
2. Loosen clothing at neck and waist; protect head from injury.
3. Clear away furniture and other objects from area.
4. Have another classroom adult direct students away from area.
5. TIME THE SEIZURE (see log below)
6. Allow seizure to run its course; DO NOT restrain or insert anything into student's mouth. Do not try to stop purposeless behavior.
7. During a general or grand mal seizure expect to see pale or bluish discoloration of the skin or lips. Expect to hear noisy breathing.

IF SMALLER SEIZURE OCCURS (e.g., lip smacking, behavior outburst, staring, twitching of mouth or hands)

1. Assist student to comfortable, sitting position.
2. Time the seizure (see log below)
3. Stay with student, speak gently, and help student get back on task following seizure.

CALL 911 IF STUDENT EXHIBITS:

1. Absence of breathing or pulse.
2. Seizure of 10 minutes or greater duration.
3. Two or more consecutive (without a period of consciousness between) seizures which total 10 minutes or greater.
4. Continued unusually pale or bluish skin or lips or noisy breathing after the seizure has stopped.
5. START CPR for absent breathing or pulse.

WHEN SEIZURE COMPLETED:

1. Reorient and assure student.
 - a. Assist change into clean clothing if necessary.
 - b. Allow student to sleep, as desired, after seizure.
 - c. Allow student to eat, as desired, once fully alert and oriented.
2. A student recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.
3. Inform parent immediately of seizure via telephone conversation if:
 - a. Seizure is different from usual type or frequency or has not occurred at school in past month.
 - b. Seizure meets criteria for 911 emergency call.
 - c. Student has not returned to "normal self" after 30-60 minutes.
4. Record seizure on Seizure Activity Log.

If you want additional care given, describe action here:

THE SCHOOL NURSE MAY CONTACT THE DOCTOR LISTED ABOVE TO DISCUSS ANY QUESTIONS IN REGARD TO STUDENT'S CONDITION

Parent/Guardian Signature _____ Date: _____

THE SCHOOL NURSE MAY SHARE THIS SEIZURE INFORMATION WITH STUDENT'S TEACHERS.

Parent/Guardian Signature _____ Date: _____

SEIZURE ACTIVITY LOG (FILL OUT IF A SEIZURE IS WITNESSED)

DATE	TIME SZ BEGAN	TIME SZ ENDED	DESCRIPTION	INTERVENTION	INITIALS