

Seizure Action Plan

| | Student: | | | | | DOB: |
|---|----------|--|---|---|--|--------------|
| School: | | | | | Grade: | School Year: |
| | ntacts: | | | | | |
| | | | | | | |
| Seizure History: | | | | | | |
| Possible Seizure Triggers: | | | | | | |
| Typical Seizure Presentation: | | | | | | |
| Typical Seizure Length: | | | | | | |
| Current Medications: | | | | | | |
| Last Known Seizure: | | | | | | |
| Emergency Medication prescribed: | | | | | | |
| | | | | | | |
| If you see this: | | | Do this: | | | |
| Student having absence seizure activity | | | Keep student who looks confused in a safe place. Take dangerous objects out of their hands. Remove the student from sports, water, or other potentially dangerous activities during the confused period. Help student reorient to surroundings as needed | | | |
| Student having tonic-clonic seizure activity | | | • | Keep student safe (assist to floor if needed, cushion head) | | |
| Seizure activity that is different from "usual" activity Student's breathing is affected Student does not regain consciousness after seizing stops Student has injured themselves during seizure Student is having difficulty breathing | | | • | Stay v | v the office and call 911 with student and monitor CPR as needed | |

Post-Seizure Activity Follow-Up

Following a seizure-like episode, make sure to:

- Allow time and place for student to recover
- Notify parent immediately
- Record episode in Aeries medical log

- Provide comfort
- Fill out an incident report
- Notify district nurse

Date: