








Seizure Action Plan & Medical Alert Information

Student's Name: _____

Date of Birth: _____

		<input type="checkbox"/> VNS: Swipe once at onset of seizure. If seizure does not stop, swipe once every ____ seconds to a maximum of ____ times. If seizure has not stopped after ____ minutes, <input type="checkbox"/> provide rescue medication as per above, and/or <input type="checkbox"/> call 911. <input type="checkbox"/> If VNS has already been swiped and seizure stopped, but then student seizes again while waiting for parent/delegate/EMS, VNS may: <input type="checkbox"/> (1) not be used again or, <input type="checkbox"/> (2) be swiped again (as per the orders above) ____ minutes after last swipe.
<p>CALL 911</p> 	<input type="checkbox"/> Call 911 as soon as seizure starts <input type="checkbox"/> Call 911 if seizure has not stopped after ____ minutes <input type="checkbox"/> Other; please specify: _____	<input type="checkbox"/> Call 911 as soon as seizure starts <input type="checkbox"/> Call 911 if seizure has not stopped after ____ minutes <input type="checkbox"/> Call 911 if seizure has not stopped ____ minutes after giving the rescue intervention <input type="checkbox"/> Other; please specify: _____
<p>CALL Family</p> 	<input type="checkbox"/> Call family immediately at onset of seizure <input checked="" type="checkbox"/> Call family once seizure rescue medication given as family will need to pick up student from school within 30 minutes. If family does not arrive in time, call 911. <input type="checkbox"/> Other; please specify: _____	
	<p>NOTE: Always call 911 if:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> student does not completely recover or return to their usual self after the seizure event <input checked="" type="checkbox"/> student is injured <input checked="" type="checkbox"/> student has diabetes <input checked="" type="checkbox"/> student has breathing difficulties after the seizure <input checked="" type="checkbox"/> seizure occurs in water <input checked="" type="checkbox"/> first time seizure <input checked="" type="checkbox"/> you do not feel able to care for the student safely 	
<p>ONCE SEIZURE STOPS</p> 	<ol style="list-style-type: none"> 1. Stay with student until fully conscious. 2. Reassure. Reorient to surroundings. 3. Allow student to rest. Keep environment calm and quiet. 4. Do not give student any food or drink until student is fully recovered. 5. Call parent/guardian if not already done so 6. Other student specific needs: (e.g. will student need to leave the classroom? Does student need to lie down, etc?) _____ 	
<p>ONCE 911 ARRIVES</p> 	<input checked="" type="checkbox"/> Share this seizure action plan with EMS <input checked="" type="checkbox"/> Give EMS a report of what happened and the care the student received	
<p>RECORD</p> 	<input type="checkbox"/> Description of seizure <input type="checkbox"/> How long the seizure lasted <input type="checkbox"/> Where did the seizure occur? <input type="checkbox"/> What time did the seizure start? <input type="checkbox"/> All care provided, including the time the rescue medication/intervention was provided <input checked="" type="checkbox"/> Return completed record to school administration	
<p>REVIEW</p> 	<input type="checkbox"/> School and family to review student's seizure action plan each time it is used to verify procedures and make any necessary changes	

PART 4: SCHOOL STAFF – CARE & PROTOCOL INSERT (PARENT/GUARDIAN COMPLETES)

BASIC FIRST AID: Care and Comfort Measures:

AT THE ONSET OF
THE SEIZURE



(see insert page for
description of student's
seizures)

1. **Stay** calm, stay with the student, and provide reassurance
2. **Call** for help from people around you
3. **Time** the seizure
4. Keep student **safe from injury**
 - ✓ Protect head, put something under head, remove glasses, clear area around student of any hard or sharp objects
 - ✓ Do not restrain
 - ✓ If possible, ease student to the floor and position on **side**. If student in wheelchair/stander/walker, student may remain in mobility device, unless their airway is blocked
 - ✓ Do not put anything in student's mouth
5. **Keep** airway open. **Watch** breathing
6. Other steps that need to be taken in school if student has a seizure:
 - ✓ _____
 - ✓ _____
 - ✓ _____

Has parent/guardian provided lorazepam, midazolam and/or VNS for use in the school setting?

SEIZURE RESCUE
MEDICATION or
INTERVENTION
(see page 4)



NO

YES

Standard Orders:

- Single seizures: give ____ tablet(s) of **lorazepam** buccally if seizure lasts **longer than 5 minutes**.
- Cluster seizures: give ____ tablet(s) of **lorazepam** buccally if student has **more than 3 seizures in 30 minutes**.
- ONLY one dose of medication will be administered at school.

- Single seizures: give **midazolam** intranasally (draw up medication to line marked on syringe) if seizure lasts **longer than 5 minutes**.
- Cluster seizures: give **midazolam** intranasally (draw up medication to line marked on syringe) if student has **more than 3 seizures in 30 minutes**.
- ONLY one dose of medication will be administered at school.

Pediatric Neurologist Exception Only

- Single seizures: give ____ tablet(s) of **lorazepam** buccally if seizure lasts **longer than ____ minutes**.
- Cluster seizures: give ____ tablet(s) of **lorazepam** buccally if student has **more than ____ seizures in ____ minutes**.
- ONLY one dose of medication will be administered at school.

Intranasal midazolam

Buccal midazolam

- Single seizures: give **midazolam** intranasally (draw up medication to line marked on syringe) if seizure lasts **longer than ____ minutes**.
- Cluster seizures: give **midazolam** intranasally (draw up medication to line marked on syringe) if student has **more than ____ seizures in ____ minutes**.
- ONLY one dose of medication will be administered at school.

- Single seizures: give **midazolam** buccally (draw up medication to line marked on syringe) if seizure lasts **longer than ____ minutes**
- Cluster seizures: give **midazolam** buccally (draw up medication to line marked on syringe) if student has **more than ____ seizures in ____ minutes**.
- ONLY one dose of medication will be administered at school.