

# Seizure Action Plan



This participant is being treated for a seizure disorder. The information below will assist staff/volunteers if a participant has a seizure occurs during program hours.

Participant's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician/Neurologist	Phone	Email

Significant Medical History

## Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Participant's response after a seizure:

## Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does participant need to leave the program after a seizure? If YES, describe process for returning participant to the program:

Yes       No

## Basic Seizure First Aid

- Stay calm & track time
- Keep participant safe
- Do not restrain
- Do not put anything in mouth
- Stay with participant until fully conscious
- Record seizure in log

### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn participant on side

## Emergency Response

A "seizure emergency" for this participant is defined as:

### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Call 911 after \_\_\_\_ minutes.
- Transport to \_\_\_\_\_.
- Notify parent or emergency contact.
- Administer emergency medications, as indicated below.
- Notify doctor: \_\_\_\_\_
- Other \_\_\_\_\_

## A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Participant has repeated seizures without regaining consciousness
- Participant is injured or has diabetes
- Participant has a first-time seizure
- Participant has breathing difficulties
- Participant has a seizure in water

## Treatment Protocol During Program Hours (include daily and emergency medications\*)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator?  Yes       No If YES, describe magnet use:

## Special Considerations and Precautions (regarding program activities, sports, trips, etc.)

Describe any special considerations or precautions:

When should emergency anti-seizure medication be administered?

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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