

# 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 \_\_\_\_\_