

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 |
|--------------|--------|-----------|-------------|
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| | | | |
| | | | |

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 _____