

Campus Nurse will attach Student Photo



## Health Services Department Seizure Action Plan

Transportation  
 Car Rider       Walker  
 Bus # \_\_\_\_\_  
 Other: \_\_\_\_\_

Student has permission to transport medication listed below to and from school?  
 YES    NO

Student's Name	Date of Birth	GRADE
Parent/Guardian	Phone	Cell
Other Emergency contact	Phone	Cell

Significant Medical History:

**Seizure Description (Check all that apply)**

Convulsions    Involuntary rhythmic movements    Staring    Unconsciousness    Stiffening    Facial tics

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Student's response after a seizure:

**Basic First Aid: Care & Comfort**

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?    Yes    No  
 If Yes, describe process for returning student to classroom:

**Basic Seizure First Aid**

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log
- For tonic-clonic seizure:**
- Protect head
- Keep airway open/watch breathing
- Turn child on side

**Emergency Response**

Name of Emergency Medication:

Dosage: \_\_\_\_\_  
 Route: \_\_\_\_\_  
 Administer for seizures lasting for more than \_\_\_\_\_ minutes.

**Seizure Emergency Protocol**

- \* Contact campus nurse at \_\_\_\_\_
- \* Administer emergency medications
- \* Call 911
- \* Notify parent or emergency contact
- \* Document Episode/Student Accident Report Filed
- \* Other: \_\_\_\_\_

**A seizure is generally considered an Emergency when:**

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

**Medication(s) to be Given During School Hours**

Medication	Dosage	Time to be Given	Common Side Effects/Special Instructions

Does student have a **Vagus Nerve Stimulator**?    Yes    No   If YES, Location GENERATOR \_\_\_\_\_ MAGNET \_\_\_\_\_

**VAGUS NERVE STIMULATION (VNS):**

- Swipe magnet at seizure onset.
- Swipe for report of aura
- Repeat swipe \_\_\_\_\_ times every \_\_\_\_\_ minutes. If seizure last 5 minutes, CALL 911 and implement Emergency Response indicated above.
- Other: \_\_\_\_\_

KEEP MAGNET 10" AWAY FROM CREDIT CARDS, TELEVISION, CELL PHONES, COMPUTERS, MICROWAVES, WATCHES AND OTHER MAGNETS. THE MAGNET CAN BREAK IF DROPPED. USE THE MAGNET BY MOVING OR PASSING THE MAGNET OVER THE GENERATOR FOR APPROXIMATELY 1 SECOND. THE STUDENT WILL RECEIVE ONE MINUTE OF STIMULATION AFTER EACH MAGNET SWIPE.

**Special Considerations and Precautions (regarding school activities, sports, trips, etc.)**

Describe any special considerations or precautions:

- I **AGREE** with the recommendations of my child's HCP and authorize Denver City ISD staff to deliver treatment as outlined above.
- I **DO NOT** approve of the standardized procedure(s) and, therefore have attached my alternate written recommendations.

I give permission for my child's HCP to communicate with appropriate Denver City ISD employees for the current school year.

Physician Signature	Printed Name	Phone	Date
Parent/Guardian Signature		Date	