

SEIZURE (no medication at school)

Name: `

School year:

DOB:

Grade:

Parent name:

Parent phone numbers:

Profile: (specific diagnosis, history, frequency of seizures, medications, most recent seizure)

Symptoms: (describe triggers, aura, behaviors related to seizure, what seizure looks like)

Special Instruction: (classmates need to be directed out of the class, buddy system for hallway transitions, gym or recess activity restrictions, fire drill restrictions)

Plan:

1. Place the student in a comfortable side lying position, away from hard objects. Cushion the head with a pillow or clothing. Call health office for assistance at ext ____.
2. Do not restrain or put any objects into the mouth.
3. Time the onset of the seizure and length of seizure.
4. Note what specific behaviors are shown and what body parts are involved.
5. Monitor respiration. Begin CPR if necessary
6. If the seizure resolves within ____ minutes, assist student to the health office. Call parents and determine whether they will take the student home, or whether the student will rest and return to class.
7. If the seizure lasts for ____ minutes, or at any time the student has difficulty breathing or turns ashen / bluish in color, call 911.
8. Remain with the student until stabilized. Reorient and reassure the student. If the student has soiled themselves, use gloves.