## Emergency Action Plan: Seizures

Sudden cry or squeal Sudden cry or squeal Sudden cry or squeal Stay calm and track the Falling down Rigidity/stiffness Call for assistance Rigidity/stiffness Call for assistance Rigidity/stiffness Call for assistance Confused Conter: Conter: Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Call parent Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Call parent Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Call parent Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Call parent Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Call parent Call parent Call parent Call		ar: acy Medication Available
Physician: Phone: Fax:    Phone: Physician: Phone: Fax:	Information	
Physician:  Phone:  Fax:  Seizure Information  Seizure Type  Length Frequency Description  Seizure Type Length Frequency Description  Seizure Type Length Frequency Description  Seizure Action Plan  If you see this: Do this: Emergency Seizure Protocol Gelowing, Sudden cry or squeal Falling down Suzy salm and track time Sigidity/stiffness Call for assistance Administer EMERGENCY MEDICATION as directed: Difficult to raise and the state of the sta	Relationship: Phone:	and a series of the contract o
Seizure Type Length Frequency Description  Seizure Type Length Frequency Description  Seizure Action Plan  If you see this: Do this: Emergency Setzure Protocol following.  Sudden cry or squeal Falling down Signiffness Call parts of transport to ER sightify-sthiffness Call for assistance Call for assistanc	Relationship Phone:	
Seizure Type Length Frequency Description  Seizure triggers or warning signs?  Routine seizure medication/dose/route/times:  Seizure Action Plan  If you see this: Do this: Emergency Seizure Protocol following: Sudden cry or squeal Sudden squeal Su	Phone: Fax:	
Seizure Type Length Frequency Description  Seizure triggers or warning signs?  Routine seizure medication/dose/route/times:  Seizure Action Plan  If you see this: Do this: Emergency Seizure Protocol following: Sudden cry or squeal Sudden squeal Su		
Seizure Action Plan  If you see this:  Do this:  Emergency Seizure Protocol  Expected following:  Sudden cry or squeal Falling down Fall glass diverted:  Falling down Falling down Falling down Falling		
Seizure Action Plan   If you see this:   Do this:   Emergency Seizure Protocol   following	Length Frequency	Description
Seizure Action Plan	urning signs?	
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If you see this:    Do this:   Emergency Scizure Protocol   Expected following		
Sudden cry or squeal Falling down Rigidity/stiffness Falling down Call for assistance Call for assistance Call parent or emergency contact Content. Content		
Falling down Rigidity/stiffness Call for assistance Consultance Cother: Cothe	Do this: Emergency Seizure Protocol	Expected behavior following a seizure:
Call for assistance	BASIC SEIZURE FIRST AID    € Call 911 at minutes for transport	o ER · Tiredness
Thrashing/jerking Loss of bowel/bladder control Shallow breathing Blue color to lips Proth from mouth Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Stay with child until conscious Other: Cher: Call parent  Call parent  Call parent  Call parent  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for	· Stay calm and track time	· Weakness
Loss of bowel/bladder control Shallow breathing Blue color to lips Froth from mouth Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Other: Other: Stay with child until conscious Other: Call parent  Do not give food or fluids during or immediately after a seizure Call parent  Cemergency Medication  Medication  Dose  Physician/Label Instructions  Med. I  Confused Regular bre Cother:	· Call for assistance	cted: Sleeping
Shallow breathing Blue color to lips Froth from mouth Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Other: Other: Stay with child until conscious Other: Call parent  Character Student has a first-time seizure (no history of seizures) Student has a seizure in the water  Emergency Medication  Medication  Place child on side, turn head to side  Cother: Cother: Cother: Convulsive (tonic-clonic) seizure lasts longer than 5 minutes follow Consciousness Student has repeated seizures with or without regaining consciousness Student has repeated seizures with or without regaining consciousness Student has a first-time seizure (no history of seizures) Student has breathing difficult to arouse after a seizure Student has a seizure in the water  Emergency Medication  Medication  Dose Physician/Label Instructions  Med. I  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for	· Keep child safe	· Difficult to arouse
Blue color to lips Froth from mouth Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Othe	<b>1</b>	Comused
Froth from mouth Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Other: Other: Other: Call parent  Other: Othe		
Gurgling/grunting Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Call parent Other: Call parent  Medication  Medication  Medication  A SEIZURE IS CONSIDERED AN EMERGENCY WHEN: Convulsive (tonic-clonic) seizure lasts longer than 5 minutes Student has repeated seizures with or without regaining consciousness Student has repeated seizures with or without regaining Consciousness Student has repeated seizures with or without regaining Consciousness Student has repeated seizures with or without regaining Consciousness Student has repeated seizures with or without regaining Consciousness Student has a first-time seizure (no history of seizures) Student has a first-time seizure (no history of seizures) Student has a seizure in the water  Student has a seizure in the water  Medication  Dose Physician/Label Instructions  Med. I.  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		· Other:
Loss of consciousness Staring Lip smacking Eye rolling Other: Other: Other: Call parent  Do not place anything in mouth  Keep airway open Monitor breathing – be prepared to start CPR Stay with child until conscious Do not give food or fluids during or immediately after a seizure Call parent  Call parent  Medication  Dose  Physician/Label Instructions  Med. I  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		
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Staring Lip smacking Eye rolling Other: Other: Other: Call parent Other: Call parent Other: O		Notify School Nurse
Lip smacking Eye rolling Other: Other: Other: Call parent Other: Call parent Student has a first-time seizure (no history of seizures) Student has breathing difficulties Slow recovery or difficult to arouse after a seizure Student has a seizure in the water  Call parent  Medication  Dose Physician/Label Instructions  Med. I  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for	Student has repeated seizures with or without reg	· Document event
Digital prepared to start CPR   Stay with child until conscious   Other:   Do not give food or fluids during or immediately after a seizure   Call parent   Other:   Student has a seizure in the water   Student has a seizure in the water   Student has a seizure   Stude		· Call parent if not
Other: Other: Other: Call parent  Do not give food or fluids during or immediately after a seizure Call parent  Student has breathing difficulties Slow recovery or difficult to arouse after a seizure Student has a seizure in the water  Emergency Medication  Medication  Dose Physician/Label Instructions  Med. I.  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for	prepared to start CPR high fever, or is poisoned	already done
Other:  Other: Call parent  On ot give food or fluids during or immediately after a seizure Call parent  Call parent  Call parent  On ot give food or fluids during or immediately after a seizure Call parent  Call		res) Student to go home if
Seizure Call parent  Student has a seizure in the water  Emergency Medication  Medication  Dose Physician/Label Instructions  Med. I  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		was administered
Call parent  Student has a seizure in the water  Emergency Medication  Medication  Dose  Physician/Label Instructions  Med. I  As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		
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Medication Dose Physician/Label Instructions Med. I  - As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		
As the parent/guardian of the above-named student, I give my permission for my child's healthcare provider to share information with the School Nurse for		
	on Dose Physician/Label Instructions	Med. Location
	the above-named student. I give my permission for my child's healthcare provider to share informati	n with the School Nurse for the
completion of this EAP. I understand the information contained in this order will be shared with the school staff on a need-to-know basis. It is the responsibi		
parent/guardian to notify the School Nurse of any change in the student's health status, healthcare needs, or medical order. Initial:  If medication is ordered, I authorize school staff to administer medication (described above) to my child. If prescription is changed, a new "Physician's Aut	e School Nurse of any change in the student's health status, healthcare needs, or medical order. Initia	÷

Parent Signature:

Initials:

Date: