WOODFORD COUNTY PUBLIC SCHOOLS

Emergency Action Plan: SEIZURE

Student: DOB:	Parent/Guardian:
Today's Date:	Home Phone:
School: Bus:	Work Phone:
Grade: Teacher:	Cell Phone:

Doctor's Name:____________________________________ Phone Number:______________________________________
What type of seizure does child have?_________________ How often do they occur?______________________________
How long has it been since his/her seizure?____
Does he/she experience an aura before having a seizure?_________ If yes, describe:______________________________

NAME OF MEDICATION	DOSE/AMOUNT TAKEN	HOW OFTEN?	WILL MED BE NEEDED AT SCHOOL?

SIGNS OF SEIZURES: PLEASE CHECK BEHAVIORS THAT APPLY TO YOUR CHILD

SIMPLE SEIZURES	GENERALIZED SEIZURES	DANGER SIGNS-CALL 911	BEHAVIORS EXPECTED AFTER A SEIZURE
☐ Lip smacking ☐ Behavioral outbursts ☐ Staring ☐ Twitching ☐ Other:________________	☐ Sudden cry or squeal ☐ Falling down ☐ Rigidity/Stiffness ☐ Thrashing/Jerking ☐ Loss of bowel/bladder control ☐ Shallow breathing ☐ Stops breathing ☐ Blue color to lips ☐ Froth from mouth ☐ Gurgling or grunting noises ☐ Loss of Consciousness ☐ Other:___________________	● Seizure lasts more than 5 minutes ● Another seizure starts right after the 1st seizure ● Loss of consciousness ● Stops breathing ● If student has diabetes ● If seizure is the result of injury or child is injured during seizure ● If student is pregnant ● If student has never had a seizure before	● Tiredness ● Weakness ● Sleeping, difficult to arouse ● Somewhat confused ● Regular breathing ● Other:________________ ALL OF THE ABOVE CAN LAST A FEW MINUTES TO A FEW HOURS

IF YOU SEE THIS	**DO THIS**
SEIZURE ACTIVITY	Stay calm. Move surrounding objects to avoid injury. Monitor breathing. Start timing the event. DO NOT hold the student down or put anything in the mouth. Loosen clothing as able. After seizure stops, roll student on his/her side. Document seizure activity. If applicable, administer medications as ordered. Notify parent/guardian.
STOPS BREATHING	Begin CPR/Rescue breathing. Call 911.
DANGER SIGNS—SEE ABOVE	Call 911 if any danger signs are present. Then call parent/guardian.
VOMITING	Turn student to their side.

Parent/Guardian Signature____ Date____________________

3/20/15 LT

Nurse Signature____ Date __________________

File original in health section of student cumulative record. Send copies to all need to know staff and place copy in medication administration log.