

Fairfield Community Schools

Health Services

2021 – 2022

Seizure Action Plan

This student is being treated for a seizure disorder. The information below is needed for care of this student if a seizure occurs during school hours, during school activities or during bus transportation.

Name: _____ DOB: _____ School: _____ Grade: _____
Parent /Guardian Name(s): _____ PH: _____ Cell: _____ WK: _____
Other Contacts: _____ PH: _____ Cell: _____ WK: _____
Health Care Provider's Name: _____ PH: _____ Fax: _____
Significant medical history: _____
Allergies: _____

AREAS BELOW TO BE COMPLETED BY HEALTH CARE PROVIDER

Seizure Information			
Seizure Type	Length	Frequency	Description

Describe Triggers or Warning Signs:

Student's response after seizure:

Basic First Aid and Care: Follow Chart on the right →

Does student need to leave the classroom following a seizure? Yes No

PLEASE NOTE: If student stays in class, he/she must be alert and oriented with no residual effects from the Seizure.

Notify parent/guardian- they must be in agreement with return to classroom.

Emergency Response

Define "Seizure Emergency" for this student: _____

BASIC SEIZURE FIRST AID:

- Stay calm & track time
- Keep child safe
- Loosen clothing at neck
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record Seizure in Log

For tonic-clonic (grand mal) seizure:

- Protect head/move furniture away
- Keep airway open/watch breathing
- Turn child on side

SEIZURE EMERGENCY PROTOCOL: Follow Chart on the right →

- € Contact School Nurse
- € Notify Parent/Emergency contact
- € Administer Emergency Medications as indicated on Page 2 of form
- € Notify Health Care Provider (or verify that parent/guardian will notify)
- € Call 911 if:
 - seizure lasts 5+ minutes
 - difficulty breathing; blue lips
 - School Nurse is not in the building
 - Student is injured in a fall

A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Multiple seizures in the same day
- 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

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€ Other _____

CONTINUED ON PAGE 2 (REVERSE SIDE)

SEIZURE ACTION PLAN (Continued from reverse side) Page 2

Student Name _____

DOES STUDENT HAVE A VAGUS NERVE STIMULATOR? (VNS) es o

If YES, please describe magnet use: _____

IS EMERGENCY MEDICATION PRESCRIBED FOR THIS STUDENT? es o

If YES, Please complete below:

Name of <u>EMERGENCY</u> Medication	Dosage	Route	Special Instructions

ROUTINE AND PREVENTATIVE MEDICATION PRESCRIBED

Medication	Dosage	Time of Day Given	Common Side Effects & Special Instructions

ACTIVITY RESTRICTIONS

helmet needed E Classes ecess ports ield Trips ther: _____

Details of restrictions _____


BUS TRANSPORTATION

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At onset of any seizure activity, bus driver should pull over to side of road and stop vehicle and follow steps 1 and 2 below:

1. IF TRAINED TO ADMINISTER EMERGENCY MEDICATION, AND IF IT IS AVAILABLE, follow instructions as prescribed.
2. WHEN NO EMERGENCY MEDICATION IS AVAILABLE, bus driver should NOT wait and should consider all seizure activity as an emergency and should FOLLOW SEIZURE EMERGENCY PROTOCOL AND SEIZURE FIRST AID as instructed on the front side of this page. 

Health Care Provider Signature

Date

Parent/Guardian Signature

Date

4/2021 km