

SEIZURE CARE PLAN

Leona Doubek Elementary

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Prairie View Elementary

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East Troy Middle School

Phone: 262-642-6740

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East Troy High School

Phone: 262-642-6760

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Last Name: _____ First Name: _____ Date of Birth: _____ M F

Parent's Name: _____ Home #: _____ Cell #: _____

Physician's Name: _____ Phone #: _____ Fax #: _____

Physician's Address: _____ City: _____ St: _____ Zip: _____

Significant medical history: _____

Seizure Type: _____ Length: _____ Frequency: _____

Description: _____

Triggers or warning signs: _____

Student's reaction: _____

Daily Med: _____ Dosage: _____ Time: _____ Effects: _____

An emergency for this student is defined as: _____

Basic Seizure First Aid

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

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

- Stay calm and track time
- Do not restrain
- Stay w/ child until fully conscious
- Keep child safe
- Do not put anything in mouth
- Record seizure in log

For tonic-clonic (grand mal) seizure:

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

EMERGENCY PROTOCOL:

Contact school nurse

Notify doctor

Call 911 for transport

Administer emergency medication as indicated below

Notify parent/emergency contact

Other: _____

Yes No Does the student have a Vagus Nerve Stimulator (VNS)?

Describe magnet use: _____

Emergency Med: _____ Dosage: _____ Time: _____ Effects: _____

Special consideration(s)/safety precautions: _____

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

Describe the process to return to the classroom: _____

Physician's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____