



SEIZURE HEALTH PLAN



Insert
Student
Photo

Student Name: _____ Grade: _____ DOB: _____

School Site/Teacher: _____

Seizure Diagnosis: _____

Daily Medications: ☐ No ☐ Yes: _____

Rescue Medication Order on File in Health Office: ☐ No ☐ Yes: _____

(Any medication being administered at school requires a medication form that is updated at least annually)

Seizure Presentation: _____

Seizure Trigger(s): _____

EMERGENCY CONTACTS:

Mother/Father/Other: _____ Contact #: _____

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How to respond to a seizure

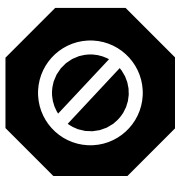
First aid for any seizure: Stay. Safe. Side.

- **STAY** calm, keep calm, begin timing seizure
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY until recovered from seizure
- Swipe magnet for VNS if applicable
- Write down what happens

When to call 911

- Seizure with loss of consciousness
- Seizure lasting longer than 5 minutes
- Not responding to rescue med if available
- Repeated seizures longer than 10 minutes
- Seizure not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

Special Instruction (Aura, VNS, etc.): _____



STOP! DO NOT:

- Do not hold the student down or try and stop their movements.
- Do not put anything in the student's mouth.
- Do not try and give mouth-to-mouth breaths (like CPR).
- Do not offer the student water or food until they are fully alert.

Parent/Guardian (name/signature): _____ Date: _____

Reviewed by Health Office (name/signature): _____ Date: _____

Reviewed by District RN (name/signature): _____ Date: _____

TIPS FOR SEIZURE OBSERVATION AND RECORDING

When watching a seizure, try to note what happens before, during, and after the event. Write down what happened as soon as you can. Include the DATE, TIME and as much information as possible about the following areas:

BEHAVIOR BEFORE THE SEIZURE - what was the person doing at the time of event, change in mood or behavior hours or days before, 'warning' or 'aura' shortly before event.

POSSIBLE TRIGGERS OR FACTORS THAT MAY MAKE EVENT MORE LIKELY TO OCCUR

- Time of day or month
- Menstruation, pregnancy, changes in contraception, or other hormonal treatment
- Missed, late, or changes in medicines
- Irregular sleep patterns, not enough sleep, other sleep problems
- Irregular eating patterns, specific foods
- During or after exercise or hyperventilation (fast breathing)
- Emotional stress, worry, excitement
- Sounds, flashing lights, bright sunlight
- Other illnesses or infections

WHAT HAPPENS DURING THE EVENT

- Change in awareness, alertness, confusion
- Ability to talk and understand
- Changes in thinking, remembering, emotions, perceptions
- Sensations - changes in seeing, twitching, eye blinking or rolling, drooling
- Changes in muscle tone - body becomes stiff or limp
- Movements - jerking or twitching movements, unable to move, body turning, falls
- Automatic or repeated movements - lip-smacking, chewing, swallowing, picking at clothes, rubbing hands, tapping feet, dressing or undressing.
- Walking, wandering, running
- Changes in color of skin, sweating, breathing
- Loss of urine or bowel control

PART OF BODY INVOLVED - where symptom started, spread to other areas, side of body (right, left, or both)

WHAT HAPPENS AFTER EVENT

- Response to voice or touch
- Awareness of name, place, time and memory of events
- Ability to talk or communicate
- Weakness or numbness
- Changes in mood or how person acts
- Tired, need to sleep

HOW LONG IT LASTED - length of aura, seizure, after-effects, or postictal phase, how long before person returns to normal activity.