

Wausau School District SEIZURE ACTION PLAN

This form should be accompanied by the Wausau School District Authorization to Use and Exchange Protected Health and Education Information

Student Name _____ Grade _____
 Parent/Guardian _____
 Home Phone _____ Work _____ Cell _____
 Primary Health Care Provider _____ Phone _____
 Seizure Specialist _____ Phone _____

SEIZURE INFORMATION:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

BASIC FIRST AID: CARE & COMFORT

First Aid specific to this student: _____

EMERGENCY RESPONSE:

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- Contact school nurse at: _____
- Call 911 for transport
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other _____

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ 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
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

A Seizure is generally considered an Emergency when:

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

TREATMENT PROTOCOL DURING SCHOOL HOURS: Include rescue medication as appropriate

Medication	Dosage/Route/Time	How this may affect student at school

Medication Effective Date: From _____ To _____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(school activities, sports, trips, etc.)* _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____