

_____ 's **Seizure Action Plan** DOB: _____ Classroom/Homeroom _____

Student's Name

1 Parent/Guardian: _____ Phone (w): _____ (c): _____ (h): _____


2 Parent/Guardian: _____ Phone (w): _____ (c): _____ (h): _____

Physician: _____ Phone: _____ Fax: _____

SEIZURE INFORMATION

Seizure Type	Length	Frequency	Description
Seizure Triggers or warning signs:		Response after seizure:	
Special Considerations and Precautions:		Dietary Adjustments due to medication: (Complete Diet Order if needed)	
Daily Medications:			

TREATMENT

<input type="checkbox"/> Absence <input type="checkbox"/> Atonic <input type="checkbox"/> Complex Partial <input type="checkbox"/> Infantile Spasms	<ol style="list-style-type: none"> Stay with the student during and after the seizure. Although the student may appear conscious, he/she may lose awareness of surroundings. Be prepared to assist student to the floor if he loses consciousness. Time seizures and watch for clusters. Document seizure in log. Notify parent Special Instructions:
<input type="checkbox"/> General Tonic/Clonic	<ol style="list-style-type: none"> Do not restrain movement. Let the seizure run its course. Turn student on side. Loosen the student's collar. Do not place anything in the mouth. Remove hard, sharp objects from the area. If possible, turn head to the side in the event he/she vomits. (Use "Universal Precautions" if student vomits.) Observe, note time, and be prepared to describe the pattern of the seizure. Record details as they occur or as soon as possible thereafter. Notify parent When seizure is over, allow the student to rest. Stay with the student until fully recovered or parent arrives.
Administer Emergency Medication:	Diastat Order: _____ Per rectum for seizure lasting ____ min or ____ or more seizures in a row. Versed Order: (May only receive at school if student has history of having used this medication without major side effects.) _____ Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Location of VNS: _____ Swipe after _____ min. Repeat Swipe if: _____ (Please include max number of times to swipe)
Call 911! 	Call 911 if: Diastat or Versed given and/or : <ul style="list-style-type: none"> The seizure lasts more than _____ minutes, or The student has a continuous seizure, or cluster of \geq ____ seizure(s) The student remains unconscious after the seizure, or He or she is having difficulty breathing, or Any injury resulted from the seizure. _____
Activity Instructions	OK to swim? <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> needs to wear life vest <input type="checkbox"/> needs one on one supervision Other: _____

Physician's signature required: _____ **Date:** _____

I give permission to school staff to give the medication listed above as instructed, and contact MD for questions. My preferred method of notification is: _____ (Notebook) _____ (phone) _____ (email) _____ (text code)

Parent / Guardian Signature: _____ **Date:** _____

Attach additional instructions as applicable.

Fax to: 828- _____

C/O: _____

Student's Name: _____

Date: _____

Teaching Log for Vagus Nerve Stimulator (VNS)

please check off each item covered

The teaching session should include:

- *How a vagus nerve stimulator works to stop a seizure.*
- *Signs and symptoms of seizure activity in this student.*
- *At what point in seizure activity is the VNS used.*
- *Number of times magnet should be swiped (according to physician's order)*
- *Locations of VNS in chest wall*
- *Location of VNS magnetic wand*

Description of Procedure for VNS Administrations

_____ *Observe child for seizure activity*

_____ *Time seizure*

_____ *Activate VNS by moving the magnetic wand across vagus nerve stimulator according to physician's order*

_____ *Call 911 for seizure lasting longer than 5 minutes (or according to Physician's order), respiratory distress or unresponsiveness following seizure.*

_____ *Notify parent*

Nurse Instructor Name: _____

Staff Sign In:

<u>Name</u>	<u>Signature</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____