

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

|                             |               |      |
|-----------------------------|---------------|------|
| Student's Name              | Date of Birth |      |
| Parent/Guardian             | Phone         | Cell |
| Other Emergency Contact     | Phone         | Cell |
| Treating Physician          | Phone         |      |
| Significant Medical History |               |      |

### Seizure Information

| Seizure Type | Length | Frequency | Description |
|--------------|--------|-----------|-------------|
|              |        |           |             |
|              |        |           |             |
|              |        |           |             |

Seizure triggers or warning signs: \_\_\_\_\_ Student's response after a seizure: \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

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

If YES, describe process for returning student to classroom:

### 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 seizure:**
- Protect head
  - Keep airway open/watch breathing
  - Turn child on side

### Emergency Response

A "seizure emergency" for this student is defined as:

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

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

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

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- 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

### Treatment Protocol During School Hours (include daily and emergency medications)

| Emerg. Med. ✓ | Medication | Dosage & Time of Day Given | Common Side Effects & Special Instructions |
|---------------|------------|----------------------------|--|
|               |            |                            |  |
|               |            |                            |  |
|               |            |                            |  |

Does student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use: \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Seizure Observation Record

|   |                               |  |  |
|---|-------------------------------|--|--|
| Student Name:   |                               |  |  |
| Date & Time   |                               |  |  |
| Seizure Length  |                               |  |  |
| Pre-Seizure Observation (Briefly list behaviors, triggering events, activities) |                               |  |  |
| Conscious (yes/no/altered)  |                               |  |  |
| Injuries? (briefly describe)  |                               |  |  |
| Muscle Tone/Body Movements  | Rigid/clenching               |  |  |
|   | Limp                          |  |  |
|   | Fell down                     |  |  |
|   | Rocking                       |  |  |
|   | Wandering around              |  |  |
|   | Whole body jerking            |  |  |
| Extremity Movements   | (R) arm jerking               |  |  |
|   | (L) arm jerking               |  |  |
|   | (R) leg jerking               |  |  |
|   | (L) leg jerking               |  |  |
|   | Random Movement               |  |  |
| Color   | Bluish                        |  |  |
|   | Pale                          |  |  |
|   | Flushed                       |  |  |
| Eyes  | Pupils dilated                |  |  |
|   | Turned (R or L)               |  |  |
|   | Rolled up                     |  |  |
|   | Staring or blinking (clarify) |  |  |
|   | Closed                        |  |  |
| Mouth   | Salivating                    |  |  |
|   | Chewing                       |  |  |
|   | Lip smacking                  |  |  |
| Verbal Sounds (gagging, talking, throat clearing, etc.)                         |                               |  |  |
| Breathing (normal, labored, stopped, noisy, etc.)                               |                               |  |  |
| Incontinent (urine or feces)  |                               |  |  |
| Post-Seizure Observation  | Confused                      |  |  |
|   | Sleepy/tired                  |  |  |
|   | Headache                      |  |  |
|   | Speech slurring               |  |  |
|   | Other                         |  |  |
| Length to Orientation   |                               |  |  |
| Parents Notified? (time of call)  |                               |  |  |
| EMS Called? (call time & arrival time)  |                               |  |  |
| Observer's Name   |                               |  |  |

*Please put additional notes on back as necessary.*