

SEIZURE ACTION PLAN FOR NEW MEXICO SCHOOLS

School Name: _____	Today's Date: _____
Student Name: _____	DOB: _____
Parent/Guardian: _____	Phone #'s: _____
Physician Name: _____	Physician Office / FAX# _____

<p style="text-align: center;">Seizure Specifics:</p> <p>Aura: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Date of last documented seizure per parent: _____</p> <p>Student should be accompanied by an adult at all times including during evacuations.</p> <p>When student is off campus or nurse is not available:</p> <ul style="list-style-type: none"> • CALL 911 If seizure lasts longer than 5 minutes <u>or</u> has more than one seizure <u>or</u> is not breathing (*see orders below) • Notify Parent • Allow student to rest after seizure • <input type="checkbox"/> _____ 	<p style="text-align: center;">First Aid for Seizures:</p> <ul style="list-style-type: none"> • Stay Calm • Stay with student during seizure and until fully conscious • DO NOT restrain movement • DO NOT place anything in the mouth • Clear area of potential hazards • Protect the head • Time the seizure from beginning to end • Note movement during seizure • If seizure lasts longer than 5 minutes (*see orders below) <u>or</u> has more than one seizure <u>or</u> is not breathing CALL 911. <p>After the Seizure:</p> <ol style="list-style-type: none"> 1. Turn student gently to one side. (it is not uncommon for student to vomit/defecate or urinate) <p style="text-align: center;">In the unlikely event that a person does not start breathing after the seizure-start rescue breathing and check for pulse. If no pulse, start CPR Wait for assistance and call parent</p>
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Types of Seizures

- ♦ **Partial**
Student may not lose consciousness but may have a change in consciousness and may appear dazed, confused, or unaware of their surroundings. Student may exhibit symptoms such as: sudden jerking of one part of body, weakness of arm/leg, sudden fear, facial movements, repetitive movements, nausea, vomiting, and disturbances in vision, hearing, or smell.
- ♦ **Absence (e.g. petit mal)**
Are lapses of awareness, sometimes with staring, that often begin and end abruptly, lasting only a few seconds. There is no warning and no after-effect.
- ♦ **Tonic – clonic (e.g. grand mal)**
Student will lose consciousness; body will become rigid with jerking and thrashing movements which may last several minutes. Student may be incontinent of urine and feces and usually wants to sleep after seizure.

PROVIDER ORDERS:

Type of seizure: Tonic-Clonic Absence Partial Other _____

Usual length of seizure: _____

Seizure Triggers: Strobe lights/Emergency lights Loud repetitive noise Anxiety/Anger
 Missed medication Computer Monitor/TV screen Other _____

Additional Information: _____

Medication (routine)	Dose	Route	Administration Time
1.			
2.			
Emergency Medication			<input type="checkbox"/> Seizure lasting _____ minutes or longer <input type="checkbox"/> Cluster of seizures: _____ seizures in _____ minutes

Vagal Nerve Stimulator: Yes No Stimulator Site _____ Magnet Location: _____

PE or activity restrictions: Yes No If yes, please list: _____

Activate 911: *Seizure Activity lasts > than _____ minutes
 Unresponsive after _____ minutes of emergency med admin
 Seizure continues > _____ minutes after emergency med admin
 Other _____

Provider's Signature _____ **Date:** _____

I give my permission for the school nurse and trained school personnel to follow this plan and contact my provider, if necessary. I assume full responsibility for providing the school with the prescribed medications and equipment. I give my permission for the school to share the above information with school staff that needs to know. I authorize appropriate transport and medical care for my child.

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

School RN Signature: _____ **Date:** _____