DICKINSON SCHOOL DISTRICT YOUTH Seizure Action Plan

CONTACT INFORMATION

Seizure triggers or warning signs:	Nurse's Name:			none:		
Parent/Guardian Name: Tel. (H): (W) (C) Other Emergency Contact: Tel. (H): (W) (C) Child's Neurologist: Tel: Location: Child's Primary Care Doctor: Tel: Location: Significant medical history or condition: SEIZURE INFORMATION Seizure Type Length Frequency Description Seizure Type Length Frequency Description Seizure Type Length Frequency Description Seizure Type Length Frequency Medication Emergency med? Medication Dosage & Time of Day Given Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Dosage & Time of Day Given Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Dosage & Time of Day Given Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Emergency med? Medication Possage & Time of Day Route of Administration Common Side Effects & Special Instructions Selection Po	Student's Name:		Scl	hool Year:		
Other Emergency Contact: Tel. (H): (W) (C) Child's Neurologist: Tel: Location: Child's Primary Care Doctor: Tel: Location: Significant medical history or condition: Seizure INFORMATION Seizure Type Length Frequency Description Seizure triggers or warning signs: Response after a seizure: TREATMENT PROTOCAL: (include daily and emergency medication) Emergency med? Medication Dosage & Time of Day Given Special instructions Emergency med? Medication Dosage & Time of Day Route of Administration Common Side Effects & Special instructions Does child have a Vagus Nerve Stimulator (VNS)? YES or NO IF YES, describe magnet use BASIC FIRST AID: CARE & COMFORT: Please describe basic first aid procedures: Does person need to leave the room/area after a seizure? YES or NO If YES, describe magnet use BASIC FIRST AID: CARE & COMFORT: Please describe process for returning: Does person need to leave the room/area after a seizure? YES or NO If YES, describe process for returning: Does person need to leave the room/area after a seizure? YES or NO If YES, describe process for returning: Does person need to leave the room/area after a seizure? Please describe basic first aid procedures: BASIC FIRST AID: CARE & COMFORT: Please describe process for returning: Does person need to leave the room/area after a seizure? Please describe basic first aid: Stay aim & track time Keep prson as afe Do not restrain Do not restrain Do not put anything in mouth Do not put anything in mouth Please describe process for returning in mouth A seizure in log frontonic-clonic [grand mail] seizures: Protect head Rece pairway open/watch breathing Turn person on side A seizure is considered an emergency when: A convulsive (tonic-clonic) seizure lasts longer than 5 minutes Notify parent or emergency without regaining consciousness The person is injured or has diabetes The person is injured or has diabet	School:		Grade:		Classroom:	
Child's Neurologist:	Parent/Guardian Nam	ne:	Tel. (H):	(W	V)	(C)
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Other Other	Notify doctor					
Other • The person has breathing difficulties	Administer emergency medications as indicated below					
	Other				• The person	n has breathing difficulties

DICKINSON SCHOOL DISTRICT YOUTH Seizure Action Plan

SEIZURE INFORMATION

When was your child diagnosed with epilepsy?	
Will your child need to leave the classroom after a seizure? YES	NO
If YES, describe best process for returning your child to classroom:	
How often does your child have a seizure?	
4. When was your child's last seizure?	
5. Has there been any recent changes in your child's seizure patterns? If YES, please explain:	YES NO
6. How do other illness affect your child's seizure control?	
7. What medication(s) will your child need to take during school hours?	
8. Should any of these medications be administered in a special way? If YES, please explain:	YES NO
9. Should any particular reaction be watched for? If YES, please explain:	
10. What should be done when your child misses a dose?	
11. Should the school have backup medication available to give your child for	for missed dose? YES NO
12. Do you wish to be called before backup medication is given for a missed	d dose? YES NO
SPECIAL CONSIDERATION & PRECAUTIONS: Check any considerations related to your child's epilepsy while at school. (Construction of the serious properties)	Check appropriate boxes and describe the impact
General health:	Physical education (gym)/sports:
Physical functioning:	Recess:
Learning:	Field trips:
Behavior:	Bus transportation:
Mood/coping:	
Other:	
GENERAL COMMUNICATION ISSUES What is the best way for us to communicate about your child's seizure(s)?: Does school personnel have permission to contact your child's physician? Can this information be shared with classroom teacher(s) and other approp	YES NO
Parent Signature:	Date:
Physician Signature:	Date:

NOTE: This Action Plan shall remain in effect for the current school year.

Please note that new Action Plan must be completed prior to the start of each new school year.