

MANSFIELD PUBLIC SCHOOLS
HEALTH SERVICES
STUDENT WITH SEIZURE DISORDER EMERGENCY ACTION PLAN

Student's Name: _____ DOB: _____ GR: _____ Effective Date: _____
Teacher: _____
Treating Physician: _____ Phone: _____
Significant medical history: _____

SEIZURE INFORMATION:

Note to parents and physician: Please check child's symptoms and add additional information as needed.

- Generalized tonic-clonic: characterized by stiffening and jerking movements involving muscles on both sides of the body
- Myoclonic: characterized by brief muscle jerk, usually involves muscles on both sides of the body, most often the shoulders or upper arms
- Absence: characterized by a 5-to-15-second lapse of consciousness, during which the eyes may flutter, stare or move upward
- Atonic: characterized by sudden loss of muscle tone, which may cause falls
- Other: _____

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

TREATMENT PROTOCOL: Please include all daily medications

Daily Seizure Medication:

Medication: _____	Dose: _____	Time: _____
Medication: _____	Dose: _____	Time: _____

Other Medication Taken by Student:

Medication: _____	Dose: _____	Time: _____
Medication: _____	Dose: _____	Time: _____
Medication: _____	Dose: _____	Time: _____

Emergency Seizure Medication:

Dosage & When Given: _____

Administer prescribed emergency medication for a seizure lasting greater than _____ minutes

Does student have a Vagus Nerve Stimulator (VNS)? YES NO If YES, describe magnet use: _____

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

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

If Diastat is administered:

- Call parent / guardian: for immediate dismissal
- Call 911

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BASIC FIRST AID: CARE & COMFORT

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 activity

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 3 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

COMMUNITY ACTIVITY/LOCAL FIELD TRIPS/CHAMPS

- Students will be permitted to participate in all scheduled outside activities.
- If the activity is local (i.e. walking to other schools, Target, market visits), a nurse will NOT be present on those outings unless discussion has occurred with nursing staff.
- On field trips/events that take place after school hours, parents/guardians can discuss plan with nurse so the student may go on field trip and parent will have the option to accompany student on the field trip.
- **There is NO school nurse** present during our before or after school programs (including CHAMPS).
- In the event of a seizure during these events, teaching staff will call 911. - EMS WILL FOLLOW THEIR SEIZURE PROTOCOLS.
- On all other field trips during the school day, a nurse will accompany students with prescribed medication and information regarding seizure protocol unless an alternate plan has been made with parent.

In the event of a seizure during a local trip:

- Staff member will remain with the student and another staff member/teacher will call 911.
- Ease the student to the floor and roll the student to their side.
- Do not try to stop the seizure, or try to put anything into the student's mouth.
- Monitor the environment and remove anything that the student could injure themselves on.
- Avoid stimulating the student, as that can cause the seizure to last longer.
- Observe for details that would describe the seizure, how long did it last, any change in color, etc.
- Teacher/staff will notify parent and nurse's office as soon as 911 is initiated.

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS (regarding school activities, trips, etc.):

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Home: _____ Work: _____ Cell: _____

- Parent signature permits the nurse to administer this medication, communicate with the above named physician relative to the diagnosis and share this information with school staff or Emergency Medical personnel.
- Signature also denotes understanding that it is parent responsibility to pick up medication when it is no longer needed at school and that medication will be properly disposed of after its expiration date OR on the last day of school

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

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

Please note, communication with the Athletic Department at the High School level is the responsibility of the parent/guardian.