



SEIZURE HEALTH ACTION PLAN

School Year: _____

Student Name		Grade	
Teacher		Grad Year	

Emergency Contact Information:

(Please provide, in order, where to call in an emergency during the school day)

	Name	Number	Cell/Work/Home	Relationship
1				
2				
3				
4				

School Nurses: 920-892-5100 Anne Nelson, RN (Grades 4K - 5)
 Jeanna Rortvedt, RN (Grades 6 - 12)

Physician: _____

Seizure Information (Type, length, frequency, description)

Seizure History

Seizure Triggers, Aura or Warning Signs

Relevant Medical History

School Accommodations, Additional Information or Instructions

Seizure Daily Medication (see next page for emergency medication)

Student Name: _____

EMERGENCY ACTION PLAN

GIVE (Medication name) _____ If seizure > _____

ADMINISTRATION INSTRUCTIONS:

- DIASTAT:** Remove cap and lubricate tip. Turn person on side facing you with upper leg bent forward to expose rectum. Separate buttocks and insert tip into rectum. Count to 3 (x 3 times)
1. While pushing plunger, 2. Before removing syringe, 3. While holding buttocks together.
- NAYZILAM:** Open packaging. Place tip of nozzle into nostril with thumb on plunger and middle and index fingers on each side of nozzle. Press plunger firmly with thumb to deliver dose.

Note: A Medication Authorization Form needs to be filled out and signed by a doctor annually.

- ⇒ Care during a seizure is intended to keep the individual safe and when needed to stop a seizure
- ⇒ Most seizures stop on their own within 2 - 3 minutes.

CARE AND COMFORT DURING SEIZURE

- Make note of **TIME** seizure began
- Call a **MEDICAL EMERGENCY** if not comfortable responding or if first time seizure
- Retrieve seizure **EMERGENCY MEDICATION** (if indicated in box above)
- Clear the area of hard or dangerous objects
- Do not place anything in the mouth
- If lying, place something soft under the head and roll to side
- If walking, lead from danger such as stairs

CALL 911 ⇒ Most seizures in people with epilepsy do not require 911 to be called

- If seizure is convulsive (tonic-clonic) and lasts longer than 5 minutes
- If emergency medication was administered and seizure continues
- If seizures are consecutive (one after the other) and not regaining consciousness
- If first-time seizure
- If bluish or gray or difficulty breathing
- If seizure occurred in water
- If pregnant or diabetic

AFTER SEIZURE HAS STOPPED

- Allow to rest or to go home
- Be alert for repeat seizures
- Document time, observations and medication on Seizure Observation Record
- Notify parent/guardian if not already done
- Complete an Incident Report and Medical Emergency Response Team Report (MERT report)

This Individual Health Action Plan will be used in an emergency.

This information may be shared with the classroom teachers, administrators, aides, bus drivers and other appropriate personnel with a need to know.

Memo of understanding:

- It is understood that a Health Action Plan will be completed and signed annually
- It is understood that emergency medication will be provided at school
- It is understood that the school nurse will be notified of any changes in the health plan

Parent / Guardian Signature: _____ Date: _____