

SEIZURE
EMERGENCY ACTION PLAN

Name:	
Birth Date:	Date:
School:	Grade:
Teacher:	Room:
Seizure Management Plan:	
Seizure Type:	
Frequency:	Duration:
Diastat: Yes No	
Physician order: Diastat medication ____mg to be administered for seizure lasting longer than _____ minutes or _____ or more seizures in one hour.	
Student's Warning Signs:	
Student's seizures usually look like:	
During a Seizure:	
<ul style="list-style-type: none">• Call the front office for help. Note time seizure begins & ends.• Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp objects)• Position child on their side facing you• Do not restrain child or put anything in child's mouth• Roll up something soft and place under the student's head• Loosen any tight clothing and remove glasses if applicable• Have someone remain with child until conscious and no longer confused	
<u>CALL 911 FOR:</u>	
<ul style="list-style-type: none">• If Diastat was administered• A seizure lasting longer than _____ minutes• If child is injured during seizure• Any signs of respiratory distress (stops breathing or turns dusky/blue)• When 911 emergency personnel arrive, report that Diastat was administered and the time it was given. Give Diastat syringe to EMS for disposal.	
Other: _____	
<u>After a Seizure:</u>	
<ul style="list-style-type: none">• Allow child to rest• Notify the parent• Document the seizure on the seizure observation form.	
Other health concerns:	
Medications:	

St. Lucie Public Schools
Exceptional Student Education

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Contact Information:	
Parent/Guardian:	Home phone:
Specialty MD:	Phone: Fax:
Care Plan Initiated by:	Date of Initiation:
Signature:	Phone:

Care Plan Reviewed

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

<p>Diastat Check List</p> <ul style="list-style-type: none"> The name on the prescription matches the child's name on doctor's order Check the Diastat syringe for visible green "ready" band Check the Diastat syringe for the correct dose in the "dose window". It should match the doctor's order. Check the expiration date. Expiration Date: _____ Check the Diastat syringe to assure that the plunger is OUT. It should Not be pushed in, which indicates the syringe is empty. Diastat is kept: In the Clinic or Carried Adult to Adult <p>Reviewed by _____ Date _____</p>

Per School Board policy, emergency medication must be available and ready for use at school.

Copies to

Date:

Parent:	Food Service:
Teacher:	Health Folder:
Administration:	Other:
Guidance:	
Clinic:	
Front Office:	
P.E.	
Media Center:	
Computer:	
Music:	

This emergency action plan is valid during regular school hours and on school grounds during the current school year.