



# ASEC Emergency Seizure Plan

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medical History: \_\_\_\_\_

Signs/Symptoms of Seizure:

Medications:

SEIZURE PRECAUTIONS/PLAN:

Signs of Emergency:

\* Blue or gray discoloration of lips or fingernails

\* No Breathing

\* Seizure lasting longer than \_\_\_\_\_ minutes

**IF SEIZURE LASTS GREATER THAN \_\_\_\_\_ MINUTES**

\* Obstruction of airway

\* No Pulse

\*Other \_\_\_\_\_

### Action for Tonic-Clonic (Grand Mal Seizure)

- ❖ Notify school nurse or health assistant \_\_\_\_\_ and office
- ❖ Protect student from injury
- ❖ Do not attempt to restrain student or use force
- ❖ Ease student down to the floor and place on side with something soft under head
- ❖ Place barrier between self and body fluids
- ❖ Do not place anything in student's mouth
- ❖ Monitor and record seizure activity and length of time from start
- ❖ If signs of emergency (above) noted, call 911. Notify office when 911 is called. Inform paramedics of recorded seizure activity and start time.
- ❖ Provide CPR by trained person as needed
- ❖ Delegate another adult to call parent/guardian
- ❖ Other \_\_\_\_\_

*In an acute emergency the student will be transported by paramedics to the hospital. Transportation in a non-acute situation is the responsibility of the parent/guardian.*

**I authorize the above information to be shared with appropriate school staff and school bus transportation personnel if applicable.**

Plan Initiated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_