

# Seizure Emergency Care Plan and Medication Orders for School and Childcare Settings

Child's Name: _____		Child's photo here
Parent/Guard Name: _____	Phone: _____	
Emergency Name: _____	Phone: _____	
School Name: _____	Phone: _____	
Triggers: <input type="checkbox"/> tiredness <input type="checkbox"/> flashing lights <input type="checkbox"/> illness <input type="checkbox"/> hunger <input type="checkbox"/> temperature <input type="checkbox"/> Other: _____		
Seizure Aura (if any): _____		
Seizure history: <input type="checkbox"/> Convulsive <input type="checkbox"/> Focal <input type="checkbox"/> Absence Date last seizure _____		
Describe: _____		
Antiseizure Medication Taken at Home	Common Side Effects	

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

\_\_\_\_\_ PARENT SIGNATURE      \_\_\_\_\_ DATE      \_\_\_\_\_ SCHOOL NURSE SIGNATURE      \_\_\_\_\_ DATE
  504 plan  
 IEP

**HEALTH CARE PROVIDER: COMPLETE, SIGN, and DATE the following:**

IF YOU SEE THIS:	DO THIS:
<input type="checkbox"/> <b>Convulsive Generalized Tonic Clonic:</b> You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.	1. Time the seizure 2. Keep calm. Provide reassurance. 3. Protect head, keep airway clear, turn on side if possible. 4. Do not place anything in mouth. 5. Call 911 if student is injured or has difficulty breathing. 6. Call parent. 7. Stay with student until recovered from seizure. 8. <b>Administer rescue treatments as marked below.</b>
<input type="checkbox"/> <b>Focal:</b> These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 minutes.	1. Time the seizure 2. Gently guide child away from danger. 3. Stay with student and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch or a nudge. 5. Call parent. 6. <b>Administer rescue treatments as marked below.</b>
<input type="checkbox"/> <b>Absence:</b> You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.	

**Rescue Treatments**

Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within \_\_\_\_\_ minutes.

If seizure lasts longer than \_\_\_\_\_ minutes administer:

<input type="checkbox"/> Diastat ____mg rectally	<input type="checkbox"/> Midazolam ____mg in the nose	<input type="checkbox"/> Clonazepam ____mg in the cheek
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Multistep seizure rescue plan – Please see attached letter for details.

If cluster of \_\_\_\_\_ or more seizures in \_\_\_\_\_min administer:

<input type="checkbox"/> Diastat ____mg rectally	<input type="checkbox"/> Midazolam ____mg in the nose	<input type="checkbox"/> Clonazepam ____mg in the cheek
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Multistep seizure rescue plan – Please see attached letter for details.

**If emergency medication is administered:**  Call 911 immediately or  Call 911 if seizure does not stop within 5 minutes

**If no emergency medication is at school and the child is experiencing seizures:**  
 Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than \_\_\_\_\_min  
**Accommodations:** Always take seizure action plan and emergency medication for school activities, sports and field trips.  
 Close adult supervision when swimming or climbing.

\_\_\_\_\_ HCP SIGNATURE      \_\_\_\_\_ HCP NAME      \_\_\_\_\_ PHONE      \_\_\_\_\_ DATE