WHAT IS A SEIZURE ACTION PLAN?

A Seizure Action Plan (SAP) is a document that provides detailed health and medical information about a student and his/her epilepsy or seizure disorder. The SAP provides guidelines as to how to respond when a student is experiencing a seizure. This document will include input from the student's guardian, physician, and/or neurology specialist.

Who uses it?
Every individual who interacts with a student who has a seizure disorder will benefit from this information. Specifically, school teachers, school nurses, coaches, and other individuals with supervisory roles should receive and review the SAP.

Where is it kept?
Typically, school nurses serve as the "gatekeeper" of the SAP. It is advisable for a school nurse to have the SAP in the student's file, and the classroom teacher(s) should have a copy. Parents and physicians should keep a copy as well.

Why is it necessary?
When your child has been diagnosed with epilepsy, you quickly learn when a seizure is a medical emergency. The information in this SAP helps *others* to recognize your child's seizures and determine when it's an emergency. This prevents unnecessary 911 calls.

Who will benefit?
Everyone benefits from a SAP. Students are more likely to receive an appropriate response, school teachers and school nurses have the necessary information to respond and provide first aid, and parents are more at ease knowing that a written plan is in place.

Is there a cost involved?
No, a SAP is free provided that the student has access to, and visits, a physician treating their seizure disorder. The only cost involved is related to the time it takes to write and read the document.

How often is the SAP updated?
It will depend on the needs of each student and changes in his/her medical condition. Most students will have the SAP for the entire school year and maybe as long as they attend a given school. Students with more complex conditions may have their plan updated more frequently by their physician or medical specialist.

EPILEPSY ASSOCIATION®
OF WESTERN AND CENTRAL PA

PITTSBURGH
1501 Reedsdale Street
Suite 3002
Pittsburgh, PA 15233
412.322.5880 • 800.361.5885
Fax 412.322.7885

HARRISBURG
3507 Market Street
Suite 203
Camp Hill, PA 17011
717.730.6779 • 800.336.0301
Fax 717.730.6727

ALTOONA
814.799.0345

ERIE
814.451.1135

SEIZURE ACTION PLAN

Effective Date_____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER. THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student's Name:_____ Date of Birth:_____

Parent/Guardian:_____ Phone: _____ Cell:_____

Treating Physician:_____ Hospital: _____ Phone: _____

Significant medical history:_____

_____

SEIZURE INFORMATION:

Seizure Type	*Length*	*Frequency*	*Description*

Seizure triggers or warning signs:_____

Student's reaction to seizure:_____

BASIC FIRST AID: CARE & COMFORT:

(Please describe basic first aid procedures)

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 in log

For tonic-clonic (grand mal) seizure:
- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

Does student need to leave the classroom after a seizure? YES NO

If YES, describe process for returning student to classroom

EMERGENCY RESPONSE:

A "seizure emergency" for this student is defined as:

A Seizure is generally considered an Emergency when:
- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has difficulty breathing
- ✓ Student has a seizure in water

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

☐ Contact school nurse at _____
☐ Call 911 for transport to _____
☐ Notify parent or emergency contact
☐ Notify doctor
☐ Administer emergency medications as indicated below
☐ Other_____

TREATMENT PROTOCOL DURING SCHOOL HOURS

(include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medication: _____

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use_____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:

(regarding school activities, sports, trips, etc.)

Physician Signature:_____ **Date:**_____

Parent Signature:_____ **Date:**_____