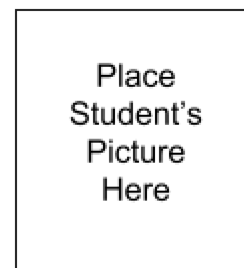
Bullard Independent School District

Seizure Action Plan



Student's Name: ______________________________ D.O.B. ______________
Type of Seizure Disorder: ____
Date of diagnosis: __________________ Date of last seizure: __________________
Seizure Medication ____

● TYPICAL SEIZURE ●

Circle all that apply

Type of Seizure	Description
Absence (Petit Mal)	Mild form of seizure, dizziness or staring into space
Tonic-Clonic (Grand Mal)	Seizure with convulsions and loss of consciousness
Myoclonic	Spasms limited to 1 side of the body or 1 muscle group
Atonic (drop attacks)	Produce head drops, loss of posture, or sudden collapse
Simple Partial Seizure	Electrical disturbance, remains conscious
Complex Partial Seizure	Electrical disturbance, consciousness loss or impaired

● PRE-SEIZURE BEHAVIORS ●

Check all that apply

□Abnormal body movements
□Odd eye rolling/staring
□Repeating words/sounds
□Hand movements/fumbling
□Odd sensory experiences
□Flushed skin tone
□Hallucinations
□Sudden weakness or falling
□Mouth movements/chewing
□Arms jerk/drop/throw
□Abnormal perception
□Sweating
□Pale skin tone
□Sensitive to light/sound
□Odd facial expressions
□Lip smacking/chewing
□Weakness of arms/legs
□No response to voice/touch
□Change in heart rate
□Drooling
□Emotional changes
□Other specific behaviors____

● INSTRUCTIONS FOR STAFF ●

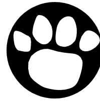
■ Have student stop whatever they are doing
■ Remove seizure stimuli (light, sound, motion, activity)
■ Allow for quiet/restful environment in classroom or clinic
■ Notify parents/guardian of Pre-Seizure behaviors noted

● FIRST AID FOR COMPLEX PARTIAL OR PSYCHOMOTOR SEIZURE●

■ Make sure he is under the care of a physician
■ Gently guide person to keep them safe
■ Speaking softly and providing reassurance
■ Protecting him from accidently hurting self
■ **DO NOT** attempt to restrain a person having a complex partial seizure. The seizure will end by itself.

● FIRST AID FOR ABSENCE SEIZURE ●

■ Make sure he is under the care of a physician
■ **DO NOT** attempt to stop a person having a abscence seizure. The person will immediately return to full consciousness following the seizure.



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● FIRST AID FOR TONIC-CLONIC SEIZURE ●

■ Remain calm
■ Help person to the floor and place padded object under head
■ Remove obstacles from the area
■ Turn person on side
■ Time the seizure and call for ambulance if it last for more than **5 timed minutes**
■ **DO NOT** attempt to restrain a person having a tonic-clonic seizure
■ **DO NOT** force anything in the person's mouth. It is physically impossible to swallow your tongue. You could risk injuring gums or breaking a tooth.
■ If Vagal Nerve Stimulator Implanted, **trained personnel** can use VNS magnet
  ■ Hold magnet over implant
  ■ Count 1-one thousand, 2-one thousand, 3-one thousand, Remove
  ■ May repeat use of magnet every 60 seconds
  ■ Discontinue use of magnet if seizure stops
■ **Call Parent/Guardian**
■**An ambulance should be called if the person has:**
■ One seizure after another
■ requests an ambulance
■ Seizures for more than **5 timed minutes**
■ Stops breathing

● FIELD TRIPS ●

■ Medications MUST accompany student on all field trips
■ A copy of this Action Plan and current phone numbers MUST be with staff member
■ Teacher must be instructed on correct use of seizure medications

● EMERGENCY CONTACTS ●

●Please give at least two contacts●

Name/Relationship	Phone Number 1	Phone Number 2
1.		
2.		
3.		
4.		

● As parent/guardian of ________________________, I give permission for this plan to be available for use in my child's school, and for the nurse consultant to contact the named physician by phone, fax, or in writing when necessary to complete this plan.
● It is understood by the parent's and physician that this plan may be carried out by the school personnel other than the school nurse.
● This plan will be reviewed annually and/or whenever the health status or medications change and it is the responsibility of the parent to notify the school of these changes.

____
Parent/Guardian Signature Date

____
Physician's Signature Date

____
Teacher's Signature Date

School Nurse's Signature	Date	Principal's Signature	Date