



## Individualized Health Plan (IHP) Seizure Action Plan

| School Name:   |  | Date:   |                                   |
|--|--|---|-----------------------------------|
| Student's Name:  |  | Date of Birth:  |                                   |
| Parent/Guardian:   |  | Phone:  | Cell:                             |
| Other Emergency Contact:   |  | Phone:  | Cell:                             |
| Treating Physician:  |  | Phone:  |                                   |
| Significant Medical History:   |  |   |                                   |
| <b>Seizure Information</b>   |  |   |                                   |
| Seizure Type   | Length   | Frequency   | Description                       |
|  |  |   |                                   |
|  |  |   |                                   |
|  |  |   |                                   |
| Seizure triggers or warning signs:   |  |   |                                   |
| Student's response after a seizure:  |  |   |                                   |
| <b>Basic First Aid Care &amp; Comfort</b>  |  | <b>Basic Seizure First Aid</b>  |                                   |
|  |  | <ul style="list-style-type: none"><li>Stay calm &amp; track time</li><li>Keep child safe</li><li>Do not restrain</li><li>Do not put anything in mouth</li><li>Stay with child until fully conscious</li></ul>   |                                   |
| <b>Emergency Response</b>  |  | <b>A seizure is generally considered an emergency when:</b>   |                                   |
| A "seizure emergency" for this student is defined as:  | <b>Seizure Emergency Protocol</b><br>(check all that apply and clarify below)<br><br>Contact school nurse at: _____<br>Call 911 for transport to: _____<br>Notify parent of emergency contact: _____<br>Administer emergency medications as indicated below<br>Notify doctor<br>Other: _____ | <ul style="list-style-type: none"><li>Convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li><li>Student has repeated seizures without regaining consciousness</li><li>Student is injured or has diabetes</li><li>Student has a first time seizure</li><li>Student has breathing difficulties</li><li>Student has a seizure in water</li><li>Student is pregnant</li></ul> |                                   |
| <b>Treatment Protocol During School Hours (include daily and emergency medications)</b>        |  |   |                                   |
| Daily Medication   | Dosage & Time of Day Given   | Common Side Effects & Special Instructions  |                                   |
|  |  |   |                                   |
| Emergency/Medication:  |  | Dose:   | Give After: min(s).               |
| Route:   |  |   |                                   |
| Special Instructions:  |  |   |                                   |
| Special Considerations & Safety Precautions: (regarding school activities, sports, trips etc.) |  |   |                                   |
| Physician Signature:   |  | Date:   | Parent/ Guardian Signature: Date: |