



# Cadott Community Schools

## Nursing Services

### Seizure Emergency Plan

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Seizure Information:

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to seizure: \_\_\_\_\_

#### Basic First Aid Care and Comfort:

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: \_\_\_\_\_

\_\_\_\_\_

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

- Contact school nurse/health aid
- 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 and Time of Day Given	Common Side Effects and Special Instructions

Emergency/Rescue Medication: \_\_\_\_\_

\_\_\_\_\_

Special Considerations and Safety Precautions: (regarding school activities, sports, trips, etc.): \_\_\_\_\_

\_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(The information provided about my child's health condition will be available to school/transportation staff in an effort to provide emergency care.)

#### Basic Seizure First Aid:

- Stay calm and 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

#### 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 breathing difficulties