

SEIZURE ACTION PLAN

Trumbull County Board of Developmental Disabilities – Fairhaven School

420 Lincoln Way, Niles, OH 44446

Phone: 330-652-5811

Fax – Nurse’s Office: 330-574-4517

Student Name: _____ Date of Birth: _____

Student Seizure Symptoms:

Grand Mal Yes No

- Tonic/clonic seizure.
- Muscles tense and rigid with loss of consciousness and violent shaking of whole body.

Comments: _____

Usually last 2-5 minutes.

Petit Mal Yes No

- Staring spells. May drop something that they are holding or stumble while walking.

Comments: _____

Usually last 2-5 minutes.

Psychomotor Yes No

- Seizure causes loss of focus and may have automatic movements such as lip smacking, flapping or arms and roaming.

Comments: _____

May last several seconds or minutes.

Other (student specific symptoms):

What to do during a seizure:

- Stay calm. Note time.
- Clear area around student. Do not restrain student.
- Notify school nurse.
- If student is choking, turn student on their side.
- Continue to time seizure.
- When seizure is over, allow student to rest.
- Fill out seizure report.
- Nurse to notify parents.

Doctor ordered treatment for seizure: _____

Does student have a VNS? No Yes Location: _____

VNS protocol – swipe the magnet across the implanted generator in slow sweep (*about 3 seconds at onset of seizure.*) Repeat swipe at one minute intervals.

Call 9-1-1:

- For seizure longer than 5 minutes or order specified by doctor: _____

- For seizure that student has bluish color to lips or stops breathing.
- For student who loses consciousness.
- For second seizure following first without recovery.
- For student without a history of seizures.

Bus Plan:

- Alert driver when student begins having a seizure.
- Protect student's head and neck, keeping student as safe as possible.
- Time the seizure.
- If seizure gets to 2 minute mark, notify bus driver to find a safe place to pull over.
- For seizure that lasts 5 minutes 9-1-1 must be called.

Call 911 immediately: If student stops breathing, lips become blue or pale gray, or if child has no known history of seizures.

Notify transportation Office after calling 911. Transportation Office to notify student's parents.

Additional comments for busing: _____

After 9-1-1 is called, Transportation Office or Principal to notify Superintendent.

Parent Signature: _____ Date: _____