

EMERGENCY ACTION PLAN

Seizures

Student Name:		DOB:	Grade:
	Contact Information:		
	Parent/Guardian Name:	Phone:	
Student Picture	Parent/Guardian Name:	Phone:	
	Emergency Contact:	Phone:	
	Additional Contacts:	Phone:	
Building Health Office/School Nurse:		Phone:	
Seizure Type	Triggers How Long it Lasts H	ow Often What Happens	
First Aid - STA	Y calm, begin timing seizure. Noti	fy school nurse.	
	ACY – remove other students from area dent SAFE – remove harmful objects, don't	restrain, protect head	
✓ Position on S	DE – turn on side if not awake, keep airway	/ clear, do not put objects in mo	uth
Give Medicati	on orTreatment		
✓ Administer M	edication: et for VNS (Vagal Nerve Stimulator) Instructi	nstructions:	
	VI OF VIVO (Vagarive) ve Stirrigiatory mistraetr	O/10.	
Get Help lf:			
✓ Lasts more the ✓ Repeated sein	nan 5 minutes zures longer than 10 minutes with no recov	ery time in-between	
✓ Seizure does	not stop after giving emergency medication		
	athing after seizure ends occurs or suspected, or seizure in water		
After the Seiz		particular Proparisment and a SPERI particular	
	ure ne student until fully recovered from seiz	ure	
	or guardian if student does not return to us		thargic)
		•	
Emergency Plan wr	itten by:	Date:	
Parent/Guardian Signature:		Date:	
	n signature authorizes the nurse to share the In the event of an emergency, care will be	is information with school staff o	on a "need to know" basis.

This plan is in effect for the current school year only.

SINGHAT®
School Nurse Chronic Health Assessment Tool