Seizure Management and Treatment Plan Form

This form is designed to help create a plan for managing student seizures. It consists of questions about seizure history, medications, precautions, and other considerations. **This form should be completed jointly by the student's parents and treating physician and provided to the campus nurse or other appropriately identified personnel.**

Student Name: _____ **Date of Birth:** _____ **Date:** _____

Parent/Guardian: _____ **Phone:** _____ **Email:** _____

Emergency Contact/ Relationship: _____ **Phone:** _____ **Email:** _____

Seizure Information

Seizure Type	Length (How long it lasts)	Frequency (How often)	What Happens During a Seizure

Known Seizure Triggers or Warning Signs

- ☐ Missed Medicine
- ☐ Emotional Stress
- ☐ Lack of Sleep
- ☐ Physical Stress
- ☐ Flashing Lights
- ☐ Missing Meals
- ☐ Illness with High Fever
- ☐ Alcohol/Drugs
- ☐ Menstrual Cycle
- ☐ Response to specific food or excess caffeine. Specify: _____
- ☐ Other: _____

VNS/Devices

Devices: VNS ☐ RNS ☐ DBS ☐

Date Implanted: _____

Magnet Use/Instructions: _____

Basic first aid to be provided during a seizure

- **STAY** calm, keep calm, begin timing the seizure
- Keep the student **SAFE**: remove harmful objects, don't restrain, and protect their head
- Turn the student on **SIDE** if not awake, keep airway clear, don't put objects in mouth
- **STAY** until the student recovers
- **SWIPE** magnet for VNS
- Write down what happened during the seizure
- Other: _____

When to call 911 – A seizure emergency for the student

- Seizure with a loss of consciousness longer than five minutes and not responding to rescue medicine if available
- Repeated seizures lasting longer than 10 minutes, with no recovery between them and the student is not responding to available rescue medicine
- Difficulty breathing after seizure
- Serious injury occurs or is suspected; seizure in water

When to call student's doctor first

- A change in seizure type, number, or pattern
- Student does not return to usual behavior (i.e., confused for a long period)
- A first time seizure that stops on its own
- Other medical problems or a pregnancy needs to be checked

Developed in collaboration with the Epilepsy Foundation
Form defined by TEC §38.032

Student name: _____ Date of birth: _____

Seizure Emergency Protocol for District Personnel to Follow

- Administer emergency medications
- Contact school nurse: _____
- Call 911; transport to _____
- Notify parent or emergency contact and doctor
- Other: _____

When and What to Do When Rescue Therapy is Needed

If seizure (cluster, # or length): _____
Name of Med/Rx: _____
How much to give (dose): _____
How to give: _____

If seizure (cluster, # or length): _____
Name of Med/Rx: _____
How much to give (dose): _____
How to give: _____

Student's Response and Care After a Seizure

What type of help is needed? _____
When is the student able to resume usual activity? _____
Does the student need to leave the classroom? Yes ☐ No ☐
If yes, when can the student return to the classroom? _____
Is the student able to manage and understand their seizures? Yes ☐ No ☐

Special Instructions

First Responders: _____
Emergency Department: _____

Daily Seizure Medication

Medication Name	Dosage	Time to be Given	Common Side Effects	Special Instructions

Other Information

Important medical history: _____
Allergies: _____
Epilepsy surgery (type, date, side effects): _____
Diet therapy: Ketogenic ☐ Low-Glycemic ☐ Modified Atkins ☐ Other: _____
Special considerations, instructions, or precautions (i.e., school trips, activities, sports, etc.): _____

Health Care Contacts

Epilepsy Provider: _____ Phone: _____
Primary Care: _____ Phone: _____
Preferred Hospital: _____ Phone: _____
Pharmacy: _____ Phone: _____
Parent/Guardian Signature: _____ Date: _____
Epilepsy Provider Signature: _____ Date: _____