Seizure Emergency Care Plan

This section must be completed by a HEALTH CARE PROVIDER: (MD,DO,ND,DMD,DC,PA,ARNP or CNM)

Child Name: _____ DOB: _____/_____/_____

Allergies: _____

Current Medications: _____

Seizure Information:

Seizure Type	Length	Frequency	Description

Seizure Triggers or Warning Signs:

Emergency Response & Protocol

A seizure emergency for this child is defined as: List Actions that should be taken:

Describe Basic First Aid Procedures: Describe any specific considerations and precautions:

Licensed Health Care Provider's Signature **Date:** **Phone:**

SEIZURE EMERGENCY CARE PLAN

Seizure Observation Log (for STC staff)

Date	Time	Length	Seizure Observations	Recovery Observation	Comments	Staff Name

SEIZURE EMERGENCY CARE PLAN

TONIC-CLONIC SEIZURE

Tonic-Clonic Seizure	Danger Signs: Call 911	Behavior Expected After Seizure
- Sudden Cry - Falling Down - Rigidity-stiffness - Thrashing, jerking - Lose control of bowel or bladder - Shallow breathing - Lips may be bluish color - Stop breathing for short periods - White or pink froth from mouth - Gurgling, grunting noises - Temporary loss of consciousness - Lasts no longer than 5 minutes	-Seizure lasts longer than 5 minutes -Another seizure starts immediately after the first seizure -Bluish color to lips AFTER seizure ends. -Loss of consciousness -Stops breathing	-Tiredness -Weakness -Sleeping, difficult to arouse -Somewhat confused -Regular breathing -Can last a few minutes or hours

IF YOU SEE THIS	DO THIS	Time/ Initials
Seizure	Stay calm. Clear area around student-move hard objects. Keep others away. Do not hold student down. Do not put anything in the mouth.	
Vomiting	Turn on side.	
Loss of bowel or bladder control	Cover with blanket or jacket for privacy.	
Danger signs (see above)	Call 911, Call Parents	
Stop breathing	Begin CPR/Rescue Breathing	

Complete seizure log. Note time of arrival and departure of ambulance; send a copy of form with the ambulance.