

SEIZURE PROTOCOL

***If a child has a Personal Seizure Action Plan...USE THAT in place of this.**

*Please note that at no time, during an emergency, should ANY STUDENT be left unattended, **UNLESS** it is to call 911 and there is **NOT** more than 1 person. If there are 2 or more people, 1 person should call 911 and the 2nd person should stay with THAT STUDENT.

*If there are available people to help, remove other students from the classroom.

IF YOU SEE THIS	DO THIS
<p>MILD/MODERATE SYMPTOMS</p> <p>Definition: A seizure that lasts less than 2 minutes</p> <p>During this time you may see <u>THE STUDENT</u>(s):</p> <ul style="list-style-type: none"> ● Stare off and and not be non-responsive to verbal commands or touch ● Eyes roll ● Body stiffen ● May wet their pants ● Entire body may jerk 	<p>REMAIN CALM</p> <p>➤ <u>ACTIVATE 911 IMMEDIATELY IF:</u></p> <ul style="list-style-type: none"> ➤ <u>THIS IS THE FIRST TIME A STUDENT HAS A SEIZURE (OR YOU ARE UNSURE IF IT IS)</u> ➤ <u>THE STUDENT IS A DIABETIC</u> ➤ <u>THE STUDENT IS INJURED OR IN WATER</u> ➤ <u>THE STUDENT HAS NOT REGAINED CONSCIOUSNESS FROM THEIR FIRST SEIZURE</u> <p>➤ <u>IF the STUDENT HAS A KNOWN SEIZURE DISORDER AND THE seizure time is approaching 1 minute:</u></p> <p style="text-align: center;"><u>THEN</u></p> <ul style="list-style-type: none"> ➤ Call for the School Nurse <u>AND</u> Administration, Do not at any time leave the student unattended. <ul style="list-style-type: none"> ○ Give Location, Name of student, and Ask for them to bring <u>THE STUDENT'S Emergency Medication ALONG WITH THE STUDENT'S SEIZURE ACTION PLAN</u> (IF AVAILABLE, THEY ARE Kept in the Nurse's Office) <p>FOR ANY TYPE OF SEIZURE ACTIVITY DO THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ Note the time that the seizure started and your observations on the Seizure Log ➤ Do not put anything in his mouth ➤ Do not restrain him ➤ <u>Turn them on their side to prevent choking</u> <p>IF <u>THE STUDENT'S</u> BODY STARTS JERKING OR BECOMES STIFF DO ALL OF THE ABOVE AND THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ <u>Carefully lower THE STUDENT to the floor; IF IN A WHEELCHAIR LEAVE IN THE CHAIR</u> ➤ <u>Protect THE STUDENT'S head</u> ➤ <u>Remove objects from around THE STUDENT</u> ➤ <u>If possible protect THE STUDENT'S head by placing something soft under it</u>

	<ul style="list-style-type: none"> ➤ Turn <u>THE STUDENT</u> onto <u>THEIR side</u> (AFTER THE SEIZURE IS OVER OR IF THE STUDENT BEGINS TO VOMIT DURING THE SEIZURE) ➤ Monitor <u>THE STUDENT'S</u> breathing <ul style="list-style-type: none"> ○ If at anytime he is having difficulty breathing call 911
<p>IF SEVERE SYMPTOMS RELIEVED QUICKLY (911 NOT NEEDED)</p> <p>Definition: A seizure that lasts more than 2 minutes but less than 5.</p> <p>During this time you may see <u>THE STUDENT(s)</u>:</p> <ul style="list-style-type: none"> ● Stare off and and not be non-responsive to verbal commands or touch ● Eyes roll ● Body stiffen ● May wet their pants ● Entire body may jerk 	<p style="text-align: center;">DO EVERYTHING LISTED ABOVE</p> <p style="text-align: center;">PLUS DO THE FOLLOWING IF THE STUDENT HAS A KNOWN SEIZURE DISORDER AND NO SEIZURE ACTION PLAN ON FILE</p> <p>AT <u> </u> MINUTES (IF AUTHORIZED AND TRAINED BY THE NURSE) DO ALL OF THE ABOVE AND THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ Give him <u>Name and Dose of Personal Emergency Meds</u> <ul style="list-style-type: none"> ○ Open package ○ Place <u>Route of Administration</u> ○ CALL 911 IF DIASTAT WAS GIVEN ➤ NOTIFY PARENT & TEACHER ➤ STUDENT SHOULD BE SENT HOME IF THEY DO NOT RETURN TO THEIR NORMAL SELF WITH IN 1 HOUR
<p>SEVERE SYMPTOMS UNRELIEVED BY MEDICINE,</p> <p>Definition: A seizure that lasts 5 minutes or more.</p> <p>During this time you may see <u>THE STUDENT(s)</u>:</p> <ul style="list-style-type: none"> ● Stare off and and not be non-responsive to verbal commands or touch ● Eyes roll ● Body stiffen ● May wet their pants ● Entire body may jerk 	<p style="text-align: center;">DO EVERYTHING LISTED ABOVE</p> <p style="text-align: center;">PLUS DO THE FOLLOWING IF THE STUDENT HAS A KNOWN SEIZURE DISORDER AND NO SEIZURE ACTION PLAN ON FILE</p> <ul style="list-style-type: none"> ➤ CALL 911 If the seizure has lasted for 5 minutes ➤ NOTIFY PARENT & PRINCIPAL (can be done simultaneously if there is more than one individual able to help) ➤ FOLLOW PRECAUTIONS ABOVE UNTIL HELP ARRIVES ➤ STAFF MEMBER WILL ACCOMPANY TO HOSPITAL <ul style="list-style-type: none"> ○ Provide EMS with a copy seizure action plan ○ Provide EMS with time if and when the <u>Emergency Medication</u> was given

Approved: March, 2019
used)

Review/Revision Date: March 2020 (or earlier if protocol is

If a Seizure happens while he is ON THE BUS.

*Please note that at no time, during an emergency, should the child be left unattended, UNLESS it is to call 911 and there is NOT more than 1 person. If there are 2 or more people, 1 person should call 911 and the 2nd person should stay with the student

***If a child has a personal Seizure Action Plan....USE THAT in place of this.**

IF YOU SEE THIS	DO THIS
<p>MILD/MODERATE SYMPTOMS</p> <p>Definition: A seizure that lasts less than 2 minutes</p> <p>During this time you may see <u>THE STUDENT('s)</u>:</p> <ul style="list-style-type: none"> ● Stare off and and not be non-responsive to verbal commands or touch ● Eyes roll ● Body stiffen ● May wet their pants ● Entire body may jerk 	<p>REMAIN CALM</p> <ul style="list-style-type: none"> ➤ <u>STOP THE BUS AND ACTIVATE 911 IMMEDIATELY IF::</u> ➤ <u>THIS IS THE FIRST TIME A STUDENT HAS A SEIZURE (OR YOU ARE UNSURE IF IT IS)</u> ➤ <u>THE STUDENT IS A DIABETIC</u> ➤ <u>THE STUDENT IS INJURED OR IN WATER</u> ➤ <u>THE STUDENT HAS NOT REGAINED CONSCIOUSNESS FROM THEIR FIRST SEIZURE</u> <p style="text-align: center;">THEN</p> <p>FOR ANY TYPE OF SEIZURE ACTIVITY DO THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ Note the time that the seizure started and what you see on the Seizure Log ➤ Do not put anything in his mouth ➤ Do not restrain him <p>IF HIS BODY STARTS JERKING OR BECOMES STIFF DO ALL OF THE ABOVE AND THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ Protect his head from hitting the window or seat ➤ Remove objects from around him ➤ Monitor his breathing <ul style="list-style-type: none"> ○ If at anytime he is having difficulty breathing STOP THE BUS AND CALL 911
<p>IF SEVERE SYMPTOMS RELIEVED QUICKLY (911 NOT NEEDED)</p> <p>Definition: A seizure that lasts more than 2 minutes but less than 5.</p> <p>During this time you may see <u>THE STUDENT('s)</u>:</p> <ul style="list-style-type: none"> ● Stare off and and not be non-responsive to verbal commands or touch ● Eyes roll ● Body stiffen ● May wet their pants 	<p style="text-align: center;">DO EVERYTHING LISTED ABOVE</p> <p style="text-align: center;">PLUS</p> <p>AT _____ MINUTES (IF AUTHORIZED AND TRAINED BY THE NURSE) DO ALL OF THE ABOVE AND THE FOLLOWING:</p> <ul style="list-style-type: none"> ➤ Give him <u>Name and Dose of Personal Emergency Meds</u> _____ <ul style="list-style-type: none"> ○ Open package ○ Place <u>Route of Administration</u> _____

<ul style="list-style-type: none"> • Entire body may jerk 	<ul style="list-style-type: none"> ➤ PLEASE NOTE: Medication is not kept on the bus or in his backpack. The medication will only be with him in the event of a field trip and be with a trained school professional
<p>SEVERE SYMPTOMS UNRELIEVED BY MEDICINE,</p> <p>Definition: A seizure that lasts 5 minutes or more.</p> <p>During this time you may see <u>THE STUDENT's</u>:</p> <ul style="list-style-type: none"> • Stare off and and not be non-responsive to verbal commands or touch • Eyes roll • Body stiffen • May wet their pants • Entire body may jerk 	<p style="text-align: center;">DO EVERYTHING LISTED ABOVE</p> <p style="text-align: center;">PLUS</p> <ul style="list-style-type: none"> ➤ STOP THE BUS AND CALL 911 If the seizure has lasted for 5 minutes <ul style="list-style-type: none"> ○ Provide your location and other necessary information ○ Wait for EMS to arrive in that location ➤ NOTIFY PARENT & SCHOOL (can be done simultaneously if there is more than one individual able to help) ➤ FOLLOW PRECAUTIONS ABOVE UNTIL HELP ARRIVES ➤ Provide EMS with a copy seizure action plan ➤ Provide EMS with time if and when the <u>Name of seizure med</u> _____ was given

Created: March, 2019

Review/Revision Date: March 2020 (or earlier if protocol is used)

Emergency Contacts:

(mother)
Cell-
Work-

(father)
Cell-
Work-

Parent Signature/Date: _____

School Nurse Signature/Date: _____

(Emergency Contact)
Cell-

(Emergency Contact)
Cell-

(Building School Nurse)
Office-
Cell-

Valarie Rogers
Office-

Dr. _____
Division of Neurology
Phone:

Dr. _____
Student's Primary Care Doctor
Phone:

**This Emergency Action Plan has been distributed to:
Please sign indicating receipt**

_____	_____
_____	_____
_____	_____
_____	_____

Members of the Seizure Action Team:

