

**Intermediate School District 917**  
**Annual Action Plan for Student with Seizure History**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ School Year \_\_\_\_\_  
Primary Dx \_\_\_\_\_ ICD-10 \_\_\_\_\_  
Dx \_\_\_\_\_ ICD-10 \_\_\_\_\_ Dx \_\_\_\_\_ ICD-10 \_\_\_\_\_

**If a rescue medication is to be given, parent and physician to also complete *Authorization for Rescue Medication: (Including Vagal Nerve Stimulator) for Student with Seizures.***

Avoid the following seizure triggers (e.g. flashing lights) \_\_\_\_\_  
\_\_\_\_\_

**BASIC SEIZURE FIRST AID**

Check all seizure types that apply to your child. Additionally, please review First Aid steps you want for your child:

- ☐ **Absence (staring)**
- ☐ Record on seizure event log
  - Watch for patterns or increase in occurrence. Observe for safety.
- ☐ **Complex Partial with altered consciousness**
- ☐ Record on seizure event log
  - Time the event.
  - Stay calm and speak softly.
  - Direct away from potentially harmful objects such as tables, chairs and doors.
  - Help to lie down if necessary.
  - Allow for wandering in contained area.
  - Do not restrain.
  - Other \_\_\_\_\_
- ☐ **Generalized Tonic Clonic or Tonic with loss of consciousness and high tone and/or or jerking movements**
- ☐ Record on seizure event log
  - Time the event.
  - Help student to lie down.
  - Turn student on side.
  - Monitor breathing and airway.
  - Observe movements.
  - Cushion and protect head.
  - Clear objects from arms or legs.
  - DO NOT restrain.
  - DO NOT put anything in mouth.
  - Stay with student until fully conscious
  - Record on seizure event log.
  - If vomiting occurs during seizure event, call school nurse or 911.
  - Other \_\_\_\_\_

**Seizure Emergency Protocol**

1. Notify parent if \_\_\_\_\_ seizure lasts longer than \_\_\_\_\_ minutes.
2. Contact School Nurse. \_\_\_\_\_
3. Trained staff to be available during community outings for seizure first aid.
4. If student has a single \_\_\_\_\_ seizure lasting longer than \_\_\_\_\_ minutes, or has one seizure after another without regaining consciousness, STAFF TO CALL 911.
5. **CALL 911 if there respiratory compromise without adequate recovery despite following student specific respiratory management plan OR if there is concern that the seizure is unusual.**
  - ☐ **Respiratory Management plan attached.**
6. Additional instructions \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*For office use only:*

LSN Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Staff Routing \_\_\_\_\_ Date \_\_\_\_\_

**Please check off who was routed this form** \_\_\_\_\_ Student File \_\_\_\_\_ IEP Manager \_\_\_\_\_ 917 LSN \_\_\_\_\_ Building Nurse