

SEIZURE ACTION PLAN (SAP)



Name: _____ Birth Date: _____
Address: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

Protocol for seizure during school (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify parent/emergency contact
- Contact school nurse at _____
- Call 911 for transport to _____
- Other _____

First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens _____
- Other _____

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked



When **rescue therapy** may be needed:

WHEN AND WHAT TO DO

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

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Name of Med/Rx _____ How much to give (dose) _____
How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is student able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: VNS RNS DBS Date Implanted _____

Diet Therapy Ketogenic Low Glycemic Modified Atkins Other (describe) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____

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ENDEPILEPSY

Plan de acción para las crisis

Este/a estudiante está recibiendo tratamiento para un desorden convulsivo. La siguiente información le ayudará en caso que se presente una crisis durante el horario escolar.

Nombre del/de la estudiante:	Fecha de nacimiento:
Padre/Madre /Guardián legal:	Teléfono: Celular:
Otro contacto de emergencia:	Teléfono: Celular:
Médico tratante:	Teléfono:

Historia médica significativa:

Información de la crisis

Tipo de crisis	Duración	Frecuencia	Descripción

Lo que desencadena las crisis o señales de advertencia:

Reacción del estudiante después de una crisis:

Primeros auxilios básicos y manera de confortar al estudiante

Por favor describa los procedimientos a seguir para administrar primeros auxilios básicos:

¿Necesita el estudiante salir del salón después de una crisis? En caso de ser necesario, describa el proceso para regresar al estudiante al salón de clase: Sí No

Primeros auxilios básicos para una crisis

- Mantenga la calma y tome nota de la hora en que se inicia la convulsión
- Mantenga al niño o niña seguro y a salvo
- No lo/la sujete
- No le ponga nada en la boca
- Quédese con el niño o niña hasta que esté completamente consciente
- Registre la convulsión en el registro de crisis.

Para las convulsiones tónico-clónicas:

- Proteja la cabeza
- Mantenga abiertas las vías respiratorias/observe la respiración
- Coloque al niño o niña de costado

Respuesta ante Emergencias

Una "emergencia de crisis convulsiva" para este/a estudiante se define como:

- Protocolo de emergencia de crisis convulsiva (Marque todo lo que aplique y aclare debajo)
- Contacte la enfermera escolar al _____
- Llame al 911 para su transporte a _____
- Notifique a los padres o al contacto de emergencia
- Administre los medicamentos de emergencia según se indica abajo
- Notifique al médico
- Otro _____

Una convulsión generalmente se considera una emergencia cuando:

- Las convulsiones (tónico-clónicas) duran más de 5 minutos
- El/la estudiante tiene convulsiones que se repiten antes de que la persona recupere la consciencia completamente
- El estudiante está herido o tiene diabetes
- El estudiante presenta una convulsión por primera vez
- El estudiante tiene dificultades para respirar
- El estudiante tiene una convulsión mientras esta en el agua

Protocolo de tratamiento durante el horario escolar (incluya medicamentos diarios y medicamentos de emergencia)

Medicamentos de emergencia	Medicamentos	Dosis y hora del día en que fue administrado	Efectos secundarios comunes e instrucciones especiales

¿Tiene el estudiante un estimulador del nervio vago? Sí No Si sí, describa el uso de imán:

Consideraciones y precauciones especiales (con respecto a las actividades escolares, deportes, viajes, etc.)

Describa cualquier consideración o precaución especial:

Firma del médico: _____

Fecha: _____

Firma del Padre/Madre/Guardián legal: _____

Fecha: _____





Questionnaire for Parent of a Student with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Contact Information

Student's Name	School Year	Date of Birth	
School	Grade	Classroom	
Parent/Guardian	Phone	Work	Cell
Parent/Guardian Email			
Other Emergency Contact	Phone	Work	Cell
Child's Neurologist	Phone	Location	
Child's Primary Care Doctor	Phone	Location	
Significant Medical History or Conditions			

Seizure Information

- When was your child diagnosed with seizures or epilepsy? _____
- Seizure type(s) _____

Seizure Type	Length	Frequency	Description

- What might trigger a seizure in your child? _____
- Are there any warnings and/or behavior changes before the seizure occurs? YES NO
If YES, please explain: _____
- When was your child's last seizure? _____
- Has there been any recent change in your child's seizure patterns? YES NO
If YES, please explain: _____
- How does your child react after a seizure is over? _____
- How do other illnesses affect your child's seizure control? _____

Basic First Aid: Care & Comfort

- What basic first aid procedures should be taken when your child has a seizure in school?
- Will your child need to leave the classroom after a seizure? YES NO
If YES, what process would you recommend for returning your child to classroom: _____

Basic Seizure First Aid
<ul style="list-style-type: none"> Stay calm & track time Keep child safe Do not restrain Do not put anything in mouth Stay with child until fully conscious Record seizure in log <p>For tonic-clonic seizure:</p> <ul style="list-style-type: none"> Protect head Keep airway open/watch breathing Turn child on side

Seizure Emergencies

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.) _____
12. Has child ever been hospitalized for continuous seizures? YES NO
If YES, please explain: _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Seizure Medication and Treatment Information

13. What medication(s) does your child take? _____

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects

14. What emergency/rescue medications are prescribed for your child? _____

Medication	Dosage	Administration Instructions (timing* & method**)	What to Do After Administration

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? _____
16. Should any of these medications be administered in a special way? YES NO
If YES, please explain: _____
17. Should any particular reaction be watched for? YES NO
If YES, please explain: _____
18. What should be done when your child misses a dose? _____
19. Should the school have backup medication available to give your child for missed dose? YES NO
20. Do you wish to be called before backup medication is given for a missed dose? YES NO
21. Does your child have a Vagus Nerve Stimulator? YES NO
If YES, please describe instructions for appropriate magnet use: _____

Special Considerations & Precautions

22. Check all that apply and describe any consideration or precautions that should be taken:

- General health _____ Physical education (gym/sports) _____
- Physical functioning _____ Recess _____
- Learning _____ Field trips _____
- Behavior _____ Bus transportation _____
- Mood/coping _____ Other _____

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? _____
24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Dates _____

Updated _____

Parent/Guardian Signature _____ Date _____