CABARRUS CHARTER ACADEMY

CARE PLAN/EMERGENCY ACTION PLAN-SEIZURES

Student's Name: _____ Date of Birth: _____ Age when diagnosed_____

Parent/Guardian's Name: _____ Phone #: _____

_____ Phone #: _____

Doctor's Name: _____ Phone #: _____

What type of seizure does child have? _____ How often do the seizures occur? _____

How long has it been since his/her last seizure? _____

Does he/she experience an aura before having a seizure? _____ If yes, describe: _____

MEDICATION NAME	DOSE/ AMOUNT TAKEN	HOW OFTEN?	WILL MEDICATION BE NEEDED AT SCHOOL?

Dose student have a Vagus Nerve Stimulator (VNS)? _____ Where is magnet worn? _____

Describe use of the magnet: _____

SIGNS OF SEIZURES: PLEASE CHECK BEHAVIORS THAT APPLY TO YOUR CHILD.

SIMPLE SEIZURES	GENERALIZED SEIZURES	**DANGER SIGNS- CALL 911**	BEHAVIORS EXPECTED AFTER SEIZURE
☐ Lip smacking ☐ Behavioral outbursts ☐ Staring ☐ Twitching ☐ Other: _____	☐ Sudden cry or squeal ☐ Falling down ☐ Rigidity/Stiffness ☐ Thrashing/Jerking ☐ Loss of bowel/bladder control ☐ Shallow breathing ☐ Stops breathing ☐ Blue color to lips ☐ Froth from mouth ☐ Gurgling or grunting noises ☐ Loss of consciousness ☐ Other: _____	• Seizure lasts more than 5 minutes • Another seizure starts right after the 1st seizure • Loss of consciousness • Stops breathing • If student has diabetes • If seizure is the result of an injury or child is injured during seizure • If student is pregnant • If student has never had a seizure before	• Tiredness • Weakness • Sleeping, difficult to arouse • Somewhat confused • Regular breathing • Other: _____ **ALL OF ABOVE CAN LAST A FEW MINUTES TO A FEW HOURS.** **Accommodations/Recommendations fror Physician for schoolwork, activities, and length of school day.**

IF YOU SEE THIS	**DO THIS**
SEIZURE ACTIVITY	Stay calm. Move surrounding objects to avoid injury. Do not hold the student down or put anything in the mouth. Loosen clothing as able. After seizure stops, roll student on his/her side**. Document seizure activity on back of this form.** If applicable, administer medications as ordered. Notify the parent/guardian.
STOPS BREATHING	Begin CPR/Rescue breathing. Call 911
LOSS OF BOWEL OR BLADDER CONTROL	Cover with blanket or jacket. If necessary: discreetly assist with changing of clothes after seizure.
DANGER SIGNS-SEE ABOVE	Call 911. Then call parent/guardian.
FALLS DOWN, LOSS OF CONSCIOUSNESS	Help student to the floor for observation and safety
VOMITING	Turn on side

SIGNATURES	DATE	PARENT SIGNATURE	NURSE SIGNATURE	Date	GRADE/TEACHER
PLAN INITIATED					
1ST REVIEW					
2ND REVIEW					