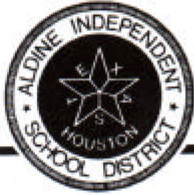


ALDINE INDEPENDENT SCHOOL DISTRICT
14910 Aldine-Westfield Road • Houston, Texas 77032-3099 • (281) 449-1011

SEIZURE EMERGENCY ACTION PLAN

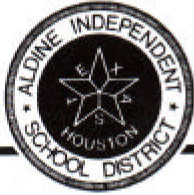
Student____ **Date of Birth**____________________

Date of Implementation______________________________ **Campus**________________________

School Nurse Signature______________________________ **Phone**__________________________

Management of a tonic/clonic seizure:

a. Assist student to comfortable airway-protective position	g. Observe for respiratory and cardiac problems and initiate CPR for arrest
b. Turn student onto left side	h. Reorient and reassure student
c. Loosen clothing at neck and waist, remove eye glasses, protect head with cushioning	i. Inform parent of seizure activity and/or recommendations for medical assistance
d. Clear away furniture and other objects which could cause injury	j. Record observations (see seizure monitoring form) and provide copy to parent for follow up with physician.
e. Encourage onlookers to leave	k. Time seizure – **Call 911 for:** • seizure of 5 minutes duration or longer • 2 or more consecutive seizures • respiratory or cardiac distress • no previous history of/unexpected seizures • non-return within 10 minutes to usual baseline level of consciousness
f. Do not restrain or insert anything into student's mouth. Do not attempt to stop purposeless activity.	
Physician Recommendations that differ or in addition to above (if any):	



ALDINE INDEPENDENT SCHOOL DISTRICT
14910 Aldine-Westfield Road • Houston, Texas 77032-3099 • (281) 449-1011

SEIZURE EMERGENCY ACTION PLAN

Student____ **Date of Birth**___________________

TO BE COMPLETED BY PHYSICIAN

The student named above has a history of ________________________ type seizures.

It is my professional opinion that the attached protocols **reflect my recommendation** for management of this student during a seizure.

NOTE: If student is taking daily medication for seizure management at school, please also complete a Medication Administration form.

If Diastat is recommended, for emergency management it is our policy to call 911 as indicated for the management of the potential side effect of respiratory arrest. The parent will also be notified.

____________________________________ _______________________________
Physician's Name Signature

____________________________________ _______________________________
Phone Date

____________________________________ _______________________________
Parent's Signature Date

My recommendations for seizure management for this student **differs** from Aldine ISD protocols and are as follows:

1. Call 911 for seizure of ____________________________________ duration.

2. Other conditions for activation of 911 that differ or in addition to above protocols:

   ____

   ____

3. Call the physician under the following circumstances of seizure activity:

   ____

4. Administer emergency medication(s) during a seizure. A Medication Administration form must also be completed. (NOTE: If Diastat is recommended, it is our policy to call 911 as indicated for the management of the potential side effect of respiratory arrest.)

OVER

Physician's Name	Signature
Phone	Date
Parent's Signature	Date

FOR SCHOOL CLINIC/OFFICE USE ONLY

If the school nurse is not available, the following staff persons are trained to initiate the emergency plan:

School Nurse's Signature	Date

ALDINE INDEPENDENT SCHOOL DISTRICT
14910 Aldine-Westfield Road • Houston, Texas 77032-3099 • (281) 449-1011

SEIZURE EMERGENCY CARE PLAN

Student______________________________ **Date of Birth**____________________

Date of Implementation________________________ **Campus**____________________

School Nurse Signature________________________ **Phone**____________________

Management of a tonic/clonic seizure:

a. Assist student to comfortable airway-protective position	g. Observe for respiratory and cardiac problems and initiate CPR for arrest
b. Turn student onto left side	h. Reorient and reassure student
c. Loosen clothing at neck and waist, remove eye glasses, protect head with cushioning	i. Inform parent of seizure activity and/or recommendations for medical assistance
d. Clear away furniture and other objects which could cause injury	j. Record observations (see seizure monitoring form) and provide copy to parent for follow up with physician.
e. Encourage onlookers to leave	k. Time seizure – **Call 911 for:** • seizure of 5 minutes duration or longer • 2 or more consecutive seizures • respiratory or cardiac distress • no previous history of/unexpected seizures • non-return within 10 minutes to usual baseline level of consciousness
f. Do not restrain or insert anything into student's mouth. Do not attempt to stop purposeless activity.	
Physician Recommendations that differ or in addition to above (if any):	

SEIZURE EMERGENCY CARE PLAN

Student____ **Date of Birth**____________________

TO BE COMPLETED BY PHYSICIAN

The student named above has a history of _________________________ type seizures.

It is my professional opinion that the attached protocols **reflect my recommendation** for management of this student during a seizure.

NOTE: If student is taking daily medication for seizure management at school, please also complete a Medication Administration form.

If Diastat is recommended, for emergency management it is our policy to call 911 as indicated for the management of the potential side effect of respiratory arrest. The parent will also be notified.

_______________________________________ _______________________________

Physician's Name Signature

_______________________________________ _______________________________

Phone Date

_______________________________________ _______________________________

Parent's Signature Date

My recommendations for seizure management for this student **differs** from Aldine ISD protocols and are as follows:

1. Call 911 for seizure of _____________________________________ duration.
2. Other conditions for activation of 911 that differ or in addition to above protocols:

   ____

   ____

3. Call the physician under the following circumstances of seizure activity:

   ____

4. Administer emergency medication(s) during a seizure. A Medication Administration form must also be completed. (NOTE: If Diastat is recommended, it is our policy to call 911 as indicated for the management of the potential side effect of respiratory arrest.)

5. I agree that related school personnel are authorized to contact and consult with your child's physician regarding his/her medical needs.

_______________________________________ _______________________________

Physician's Name (print) Signature

_______________________________________ _______________________________

Phone Date

_______________________________________ _______________________________

Parent's Signature Date

FOR SCHOOL CLINIC/OFFICE USE ONLY

If the school nurse is not available, the following staff persons are trained to initiate the emergency plan:

_______________________________________ _______________________________

_______________________________________ _______________________________

School Nurse's Signature Date