



SEIZURE ACTION PLAN (SAP)

Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

| Seizure Type | How Long It Lasts | How Often | What Happens |
|--------------|-------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

How to respond to a seizure (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact 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 _____

If seizure (cluster, # or length) _____

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

How to give _____

If seizure (cluster, # or length) _____

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

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is person 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 _____



Preliminary Individualized Healthcare Plan

Name _____ D.O.B. _____
Address _____ Homephone _____
Parents/guardians _____ Grade _____
School _____
Healthcare provider(s) _____
Insurance provider _____ ICD-10-CM _____
IEP Date _____ 504 Date _____ EAP Date _____ EEP Date _____

Medical Diagnosis: Seizure Disorder (specify) _____

Nursing Assessment

See the master list in this chapter and *Chapter One: IHP Basics and Using IHPs with Other Educational, Health and Home Care Agency Plans* for additional assessment points.

- Review school health services health form completed by parents and any health records or orders from current health-care providers and discuss pertinent findings with student and parents
- Age of onset
- Description of seizure activity
- Describe postictal period
- Aura or behaviors
- Longest seizure
- Medication and effectiveness
- Student's ability to recognize aura
- Student's desire and ability to tell classmates and adults about seizures
- Special educational services or accommodations

Other: _____

Nursing Diagnoses

- Risk of injury
- (Risk of) ineffective breathing pattern
- Risk of aspiration

Other: _____

Nursing Interventions

The school nurse will:

- provide student-specific information to designated school personnel, including EAP training.
- encourage student to tell an adult when an aura presents and position self safely in preparation for seizure.
- develop and implement use of a seizure activity log.
- develop EAP and EEP.

Other: _____

Expected Student Outcomes

The student will:

- tell an adult when an aura presents and position self in preparation for seizure.
- describe and follow medication regimen and other methods being used to control seizure activity as prescribed by healthcare provider.
- wear a medical alert bracelet.

Other: _____

Plan initiated by _____ Date: _____