

BEDFORD COUNTY PUBLIC SCHOOLS
SEIZURE EMERGENCY ACTION PLAN (EAP)
2023-2024

STUDENT INFORMATION

Student Name: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Cell: _____

Parent/Guardian: _____ Cell: _____

SEIZURE INFORMATION

Seizure Type	How Long it Lasts	How Often	What Happens

Does student have an aura (warning before having a seizure): ____ No ____ Yes (described below):

Last Seizure: _____

Known Triggers? ____ No ____ Yes: _____

Student has Seizure Rescue Medication in the Clinic? ____ No ____ Yes: Give if seizure > _____ minutes

Student has VNS Magnet? ____ No ____ Yes: Swipe if seizure > _____ minutes

SEIZURE FIRST AID

- Stay Calm
- Begin timing seizure
- Remove harmful objects, don't restrain, protect head
- Turn on side if not awake, keep airway clear, don't put objects in mouth
- Stay with student until nurse or EMS arrives

WHEN TO CALL 911

- Rescue medication is given
- Seizure with loss of consciousness longer than 5 minutes
- Repeated seizures longer than 10 minutes, no recovery between them
- Difficulty breathing after seizure
- Serious injury occurs or is suspected

SEIZURE

If You See This:

- Continual seizure lasting greater than _____ minutes
- ____ (# of seizures in) _____ minutes
- If a length of time is not indicated by the physician and a seizure is greater than 5 minutes

Do This:

- Call for the nurse
- Call 911
- Administer rescue medication as prescribed by physician
- Begin timing seizure
- Remove harmful objects, don't restrain, protect head

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<ul style="list-style-type: none">• Repeated seizure without regaining consciousness• Unable to awaken after a seizure	<ul style="list-style-type: none">• Turn on side if not awake, keep airway clear, don't put objects in mouth• Stay with student until nurse or EMS arrives• Notify parent
<ul style="list-style-type: none">• Breathing difficulties or stops breathing	<ul style="list-style-type: none">• Call for the nurse & AED• Call 911• Place on back and begin CPR• Notify parent

- *Please notify the school nurse of any schedule changes and field trips*
- *Please include a copy of this Seizure Emergency Plan in your substitute folder.*

Additional Information:

School Nurse: _____ **Date:** _____