



# TRADERS POINT CHRISTIAN SCHOOLS

(Parents complete pages 1-2 and Physicians complete pages 3-4)

## **SEIZURE Medical Action Plan (MAP)**

Student's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's picture; face only

## **CONTACT INFORMATION**

<b>Call First(Parent/Guardian)</b>	<b>Try Second(Parent/Guardian</b>
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Home:</b>	<b>Home:</b>
<b>Cell:</b>	<b>Cell:</b>
<b>Work:</b>	<b>Work:</b>

**Call Third** (If a parent/guardian cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_

### SEIZURE HISTORY

Seizure Type (please circle all that apply):

Generalized: **Tonic Clonic** (Grand Mal) **Atonic** (Drop Attacks) **Myoclonic Absence** (Petit Mal)

Partial: **Simple Complex** (Psychomotor/Temporal Lobe)

Other or description of seizure: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

How often do seizures occur: \_\_\_\_\_

How long does a typical seizure last: \_\_\_\_\_

Warning signs (Aura) or triggers if any, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child on Ketogenic Diet. **YES** **NO**

Past history of surgery for seizures? **YES** **NO**

Any special considerations or safety precautions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to have the information in this medical action plan shared with staff needing to know. I understand that my child's name may appear on a list with other students having seizures to better identify needs. I give permission for trained staff to administer any medication prescribed for seizure activity as ordered by the Physician and to contact the Physician for clarifications of orders, if needed.**

Parent/Guardian (Printed Name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

**Action if student has a seizure:**

- Track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully awake
- Follow medical orders
- Document medical event
- Notify parents

**In addition for Tonic Clonic (Grand Mal) Seizure:**

- Keep airway open/watch breathing
- Protect head
- Turn child on side, if safely able to
- Follow medical orders

**General signs of a SEIZURE EMERGENCY:**

- Convulsion longer than 5 minutes
- Repeated seizures
- Injury
- History of Diabetes
- Breathing difficulties
- Seizure while in water

**ACTION CALL 911**

**Authorized Physician/Licensed Prescriber Order & Agreement with Protocol**

Administer Diastat® rectal gel for seizure lasting longer than \_\_\_\_ minutes.

Dose: \_\_\_\_\_

Other: \_\_\_\_\_

No Diastat® ordered

Does student have a Vagal Nerve Stimulator? YES NO

\*\*If yes, please describe magnet use: \_\_\_\_\_

Call 911 if (please check all that apply):

Seizure does not stop by itself within \_\_\_\_ minutes.

Anytime Diastat® is given

Only if seizure does not stop within \_\_\_\_ minutes after Diastat® administered.

Other: \_\_\_\_\_

Other instructions and/or orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician/Licensed Prescriber Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_