**EMERGENCY ACTION PLAN FOR SEIZURE**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE COMPLETD: \_\_\_\_\_\_**

**PROCEDURE FOR SEIZURE:**

1. **AIRWAY- YOUR FIRST PRIORITY IS TO ESTABLISH AN AIRWAY**
2. Place the student on either side with head slightly elevated, this will help draw the tongue away from the airway and prevent saliva, nasogastric secretions, or vomit from being aspirated.
3. If unable to establish airway **Call 911**
4. **If seizure lasts longer than 5 minutes call 911**
5. Do not restrain or attempt to force anything between the teeth.
6. **Move to the floor**
7. Remove harmful objects from area
8. **Loosen tight clothing.**
9. **Do not leave student unattended, yell for help if needed.**
10. **Notify parents and school nurse**
11. **Describe and record seizure. (See seizure report)**

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**Parent Signature Date**

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**Physician’s Signature Date**

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**Nurse’s Signature Date**