

HAMILTON HEIGHTS SCHOOL CORPORATION

SEIZURE ACTION PLAN

Student Name: _____ Grade _____ D.O.B. _____

<i>Parent/Guardian</i>	<i>phone</i>	<i>cell</i>
<i>Parent/Guardian</i>	<i>phone</i>	<i>cell</i>
<i>Emergency Contact</i>	<i>phone</i>	<i>cell</i>
<i>Physician</i>	<i>phone</i>	<i>fax</i>

Significant Medical History: *(please include allergies & special diet)* _____

SEIZURE INFORMATION:

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: _____

Does student have any activity restrictions? *Please address playground activity, field trips, sports* _____

Does student need any special activity adaptations/protective equipment (e.g. helmet) at school? Yes _____ No _____

If yes, explain: _____

MEDICATIONS:

<i>Daily Medication</i>	<i>Dosage and Time of Day Given</i>	<i>Common Side Effects and Special Instructions</i>

TREATMENT:

Diastat AcuDial (Diazepam rectal gel) _____ mg rectally prn for: seizure > _____ minutes OR for _____ (number) or more seizures in _____ hours.

Use VNS (Vagal nerve stimulator) magnet (describe magnet use) _____

Other: _____

- Call 911 if:
- the seizure continues longer than 5 minutes
 - there are repeated seizures
 - the child is having trouble breathing or has a dusky color with correct positioning
 - the child has injured himself/herself during the seizure
 - child has diabetes or is pregnant

- Following a Seizure (please check all that apply):
- ____ Child should rest in nurse's office
 - ____ Child may return to class if back to normal
 - ____ Parents/Caregiver should be notified immediately
 - ____ Parents/Caregiver should receive a copy of the seizure record sent home with the child



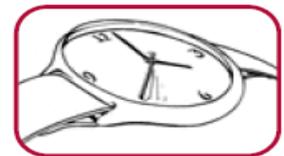
1. Cushion head, remove glasses.



2. Loosen tight clothing.



3. Turn on side and keep airway clear.



4. Note the time a seizure starts and the length of time it lasts.



5. Don't put anything in mouth.



6. Don't hold down.

7. As seizure ends...offer help.

Continued
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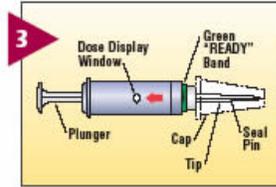
**DIASTAT AcuDial (diazepam rectal gel)
Administration Instructions**



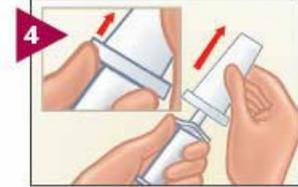
1 Lay person on side where they cannot fall.



2 Get medicine.



3 Get syringe.
Note: Seal Pin is attached to the cap.



4 Push up thumb and pull to remove cap from syringe.
Be sure Seal Pin is removed with the cap.



5 Lubricate rectal tip with lubricating jelly.



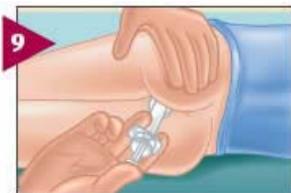
6 Turn person on side facing you.



7 Bend upper leg forward to expose rectum.



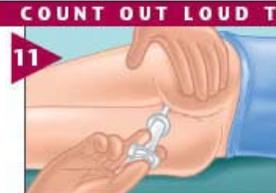
8 Separate buttocks to expose rectum.



9 Gently insert syringe tip into rectum.
Note: Rim should be snug against rectal opening.



10 **SLOWLY...**
Slowly count to 3 while gently pushing plunger in until it stops.



11 **COUNT OUT LOUD TO THREE...1...2...3**
Slowly count to 3 before removing syringe from rectum.



12 Slowly count to 3 while holding buttocks together to prevent leakage.



13 **ONCE DIASTAT® IS GIVEN**
Keep person on side facing you, note time given and continue to observe.

Disposal instructions for Diastat Acudial

- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.
- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.
- Discard all used material in the garbage can.
- Do not reuse.
- Discard in a safe place away from children.

Comments/special instructions: _____

Physician Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I have read the above Seizure Action Plan and reviewed it with the School Nurse:

Teacher Signature: _____ Date: _____