



# 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: \_\_\_\_\_