

SEIZURE DISORDERS

EMERGENCY PLAN FOR A SEIZURE

This form should be posted in the classroom near Medical & Dental Emergency Procedures

DURING SEIZURE ACTIVITY

1. STAY WITH THE CHILD
 - a. If falling or generalized jerking occurs, place child on floor.
 - b. Gently support head to side position and monitor breathing and pulse.
 - c. DO NOT restrain child. DO NOT try and place anything in child's mouth or between child's teeth.
 - d. Protect child by moving items away that may cause injury---e.g. desks, chairs.
 - e. Loosen clothing at neck and waist: remove eyeglasses (if applicable).
2. Have another classroom adult remove/direct students from the area.
3. Use watch. TIME THE SEIZURE. Observe pattern of the seizure and be prepared to describe it.
4. CALL 9-1-1 IF CHILD EXHIBITS:
 - a. Absence of breathing and /or pulse (Start CPR for absence of breathing and pulse).
 - b. Seizure of 5 minutes or greater duration.
 - c. Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater.
 - d. No previous history of seizure activity.
 - e. Continued unusually pale or bluish skin/lips or noisy breathing after a seizure has stopped.

AFTER SEIZURE ACTIVITY

1. Reorient and assure child.
 - a. Allow/assist change into clean clothing if necessary.
 - b. Allow child to sleep, as desired, after seizure.
 - c. Allow child to eat, as desired, once fully alert and oriented.
2. A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from 5 minutes to hours.
3. Inform parent immediately of seizure by telephone.

It is the parent's responsibility to determine follow-up care for symptoms.