

YOUR SCHOOL DISTRICT
SAMPLE SEIZURE EMERGENCY CARE PLAN

STUDENT INFORMATION		
Student Name: _____		DOB: _____
Building: _____	Grade: _____	Bus #: _____
IF YOU SEE THIS:	DO THIS:	
1. Student having a seizure:	<ul style="list-style-type: none"> Lay student on his/her right side (facing you) Locate the Vagus Nerve Stimulator generator on the left side of his/her chest Swipe the magnet diagonally over the generator while counting "1-2-3" Call for the nurse and time the seizure Wait 60 seconds swipe generator with magnet a 2nd time If seizure continues after 2nd swipe of the magnet - bring student to the nurse's office (if able) 	
2. Seizure lasting 2 minutes:	<ul style="list-style-type: none"> Nurse will administer Diastat 10mg PR for seizure lasting \geq 2 minutes as ordered by neurologist 	
3. Seizure lasting 5 minutes:	<ul style="list-style-type: none"> If seizure does not stop within 5 minutes of administering Diastat - call 911 for ambulance transport to the hospital If seizure stops before the ambulance arrives, student should not be transported to the hospital Send emergency info folder with student to the hospital 	
Parent #1:	Tel#1:	Tel#2:
Parent #2:	Tel#1:	Tel#2:
Pediatrician:	Tel#1:	Tel#2:
Neurologist:	Tel#1:	Tel#2:
Date: _____	Parent/guardian Signature: _____	
Date: _____	Nurse's Signature: _____	

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