

• Does child have a VNS?  Yes  No. If "Yes", when should magnet be used? \_\_\_\_\_

• How should child be cared for after seizure is done? \_\_\_\_\_

**SEIZURE EMERGENCY**

• A seizure emergency for this child is: \_\_\_\_\_

✓ **Seizure Emergency Protocol:**

- Administer emergency medicine listed below.
- Contact school nurse at: \_\_\_\_\_
- Call 911 for transport to: \_\_\_\_\_
- Notify parent at: \_\_\_\_\_
- Notify emergency contact at: \_\_\_\_\_
- Notify Dr. \_\_\_\_\_ at \_\_\_\_\_
- Other: \_\_\_\_\_

**A Seizure is generally considered an Emergency when:**

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has a first-time seizure
- ✓ Student has breathing difficulties

**EMERGENCY MEDICINE PLAN**

Medicine	Dose	Route	When to use

**SPECIAL CONSIDERATIONS/SAFETY PRECAUTIONS** (with school activities, sports, trips, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**CALL PARENT FOR THE FOLLOWING NON-EMERGENT SITUATIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Name (print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_