

**Kearney Public Schools
Health Services**

SEIZURE PROTOCOL

1. Signs and symptoms of a seizure:

- Person may experience an aura. They may be able to tell you they are about to have a seizure because they are experiencing a strange smell, sound, taste, visual hallucination or feeling of impending doom.
- Some signs to look for:
 - ✓ Eyes may rotate to the corners/may include rapid eye movements
 - ✓ Lips may smack together
 - ✓ May appear “normal” with twitching in an arm, leg, or fingers
 - ✓ May appear to have repetitive, purposeless, undirected motor activity
 - ✓ May not have dramatic full body contractions, but twitching may lead into rigidity
 - ✓ May experience an abrupt loss of posture and sudden collapse
 - ✓ May seem disoriented but not necessarily lose consciousness

2. Action:

- Stay calm. Clear area of extra staff and students. The adult responding should wear gloves.
- Ease person to the floor to prevent injury when full body is involved. Loosen tight clothing. Remove glasses or hearing aids.
- Position to the side to prevent choking on saliva or vomit.
- Do not restrain or hold, but prevent injury. Place your hand under the involved body parts or place a pad under twitching body parts to prevent injury.
- **DO NOT ATTEMPT TO PUT ANYTHING IN THE PERSON'S MOUTH OR BETWEEN THE TEETH.**
- Note time of seizure onset and duration
- Call for help
- Call the school nurse
- Notify parents. Parents will need to take student home in some situations, or have the student transported to the ER if the situation is life threatening.
- Do not attempt to move the person until the seizure is over.

3. Post seizure care

- Keep on side until fully recovered.
- Offer psychological support—reorient if necessary.
- After a seizure the person may be sleepy and need to rest at home.

4. Situations that could require an ambulance—911

- If the student has no known history of seizures.
- If possible, communicate with the school nurse and parent for direction.
- The seizure lasts longer than 5 minutes and/or student has another seizure without regaining consciousness.
- There is any difficulty breathing, particularly after vomiting, blue nails or lips.
- There was a head injury prior to or during the seizure.
- The person can not be awakened after the seizure.
- Continual vomiting after a seizure.

Most seizures are not life threatening and resolve spontaneously. Close physician follow-up is always recommended. **Follow the action plan. Keep student safety and privacy in mind.**

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SEIZURE ACTION PLAN

NAME: _____ SCHOOL _____ GRADE _____ DOB _____

Parents/Guardian Name: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Parents/Guardian Name: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Emergency Contact Name: _____ Phone: _____
Physician: _____ Phone: _____

Date last seen by physician regarding seizure disorder: _____

Type(s) of seizure (Ex: grand mal, partial, petit mal) _____ Describe what typically happens during a seizure: _____

Initial date of seizure diagnosis: _____ Date of last seizure: _____ How long did it last? _____

Is the child currently receiving medication? Yes No Is medication to be taken at school? Yes No

Name of Medicine	How Much?	When?

Possible medication side effects you would like us to be aware of: _____

Likelihood and frequency of seizures during school hours: _____

Does your child know when a seizure is about to occur? _____

Precipitating factors Yes No If yes, check those that apply: Fever Illness Reaction to medications
 Other, please describe _____

How long do the seizures usually last? _____ When do you consider a seizure an emergency? _____

Accommodations needed (check those that apply): Recess precautions PE precautions Field trip Other

Parent/guardian Comments or Concerns: _____

I give Kearney Public Schools Nursing Staff permission to contact Dr. _____ regarding this action plan.

Parent/Guardian signature: _____ Date _____