## **Seizure Action Plan**

CHILD'S NAME:	D.O.B.:TE/	ACHER:
Description of seizure con	ndition/disorder:	
Describe what your child'	s seizures look like: (1) what part of the body	is affected? (2) How long does it last?
Describe any know "trigg	ers" (behavior and /or symptoms) for seizure	activity:
Detail the time and duration	on of child's typical seizure activity:	
	ne emergency room due to seizures? 5 yes in the hospital due to their seizures? 5 yes	
Planned strategies to sup (diapering/toileting, outdoor plane)	port the child's needs and safety issues ay, nap/sleeping, etc)	when a seizure occurs:
PROBLEM	TREATMENT	EXPECTED RESPONSE
At risk for injury due to uncontrolled seizure activity.	If seizure occurs, staff will remove objects from the area and place a folded towel/clothing beneath the child's head. Protective helmet is worn if prescribed.	Decrease possibility of injuries related to seizure activity.
At risk for aspiration of respiratory secretions or vomitus during seizure activity.	If a seizure occurs, staff will roll the child onto his/her side.	Decrease possible aspiration during seizure activity.
Self esteem disturbance related to occurrence of seizure or use of protective helmet .	Provide many opportunities for success. Praise achievements and accomplishments. Provide opportunities for child to express feelings about seizures and any reactions. Reassure the other children in the group that the child will be all right if a seizure occurs.	Increase child's successful adaptation to requirements of living with a seizure disorder. The child will demonstrate a positive attitude Toward learning activities. Other children will feel safe.
Parent and child may not be Aware of possible triggers.	Staff will document the occurrences of any seizure activity on attached Seizure Activity Log	Parent, staff and the child will learn to identify triggers and how to avoid them.
Child may be very sleepy, but not unresponsive after a seizure occurs.	Staff will make sure that the child is responsive after seizure, then will allow the child to sleep and/or rest after seizure.	The child may safely sleep/rest if needed, after seizure occurs.
Medications to be adminis	stered: 5 yes 5 no specify administra	ation method, time schedule, side effects
Additional Information: (include	le any unusual episodes/behavior changes that might arise w	hile in care and how the situation should be handled)_
Emergency Procedure		
<u>Emergency i roccaure</u>		
Call 911 if: 5 seizure is 5 color cha	longer than minutes 5 ch anges 5 other :	ild is unresponsive after seizure
Emergency Contact:	Telephone:_	
This Seizure Action Plan wil	I be updated/revised whenever medications	of child's health status changes.
Parent Signature		Date