**Tonic/Clonic (Convulsive) Seizures**

Student: DOB:

ID#: Grade:

Parent: Phone:

Physician: Phone:

**General Description and Presentation:**

Seizures occur when there are abnormal electrical discharges occurring in the brain. Symptoms may include loss of consciousness; repetitive, rigid and/or jerking muscle movements; loss of consciousness; sudden fall and/or loss of balance; pale or bluish skin; blank stare; shallow breathing; loss of bowel or bladder control, and/or confusion. After seizure: confusion, sleepiness, and/or generalized weakness.

**Student Specific Information:**

* Triggers:
* Presentation:
* Medication taken at home:
* 911 Contacted with every seizure? ☐ Yes ☐No
* Emergency Medication (to be provided by parent):
	+ Type:
	+ Location: ☐ School office ☐ Classroom (homeroom) ☐ Student (written parent permission)

**Emergency Protocol**

|  |  |
| --- | --- |
| **If you see this** | **Do this** |
| **Convulsive Seizure*** Unresponsive, sudden jerking, loss of body control
 | 1. Remain with student until fully alert.
2. Begin timing seizure length.
3. Clear area of hard or sharp objects, cushion and protect head.
4. If the student is lying down, turn on his/her side for fluid drainage.
5. **Never** put anything in the student’s mouth/never restrain student.
6. Assign an adult to notify parents, school nurse, and/or 911 of all seizures.
7. Allow student to rest and do not offer any food or drink until fully alert.
8. Document seizure duration and type on Seizure Record
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| **Seizure > 5 minutes** | 1. Give Emergency Medication (Staff trained per emergency action plan only)
2. Call 911, parents, and nurse
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| **Repetitive (cluster) seizures*** [define for this patient]
 | [Insert patient specific doctor orders] |
| **Breathing does not resume after seizure** | 1. Begin CPR & locate AED machine
2. Call 911, parents, and nurse
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