

**Seizure Action Plan and Treatment Order**

Individual's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School/Workshop: \_\_\_\_\_  
 Individual's Address: \_\_\_\_\_

**TO BE COMPLETED BY PARENT OR PHYSICIAN**

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_

Individual's reaction to seizure: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

This is to certify that the individual named above is under my care for a seizure disorder and may need to have emergency medication administered by school/workshop personnel as indicated below. Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Specify Treatment:**

- DIASTAT (diazepam rectal gel) \_\_\_\_\_ mg rectally prn for:
  - Seizure > \_\_\_\_\_ minutes  for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours
- Use VNS (vagal nerve stimulator) magnet: \_\_\_\_\_
- Intranasal Midazolam (Versed)  1ml vial (5mg/1ml)  2ml vial (10mg/2ml)
  - Total dosage to be administered \_\_\_\_\_ mg/\_\_\_\_\_ ml
  - Right Nostril \_\_\_\_\_ ml Left Nostril \_\_\_\_\_ ml
- Other: \_\_\_\_\_

- Individual to be picked up by parent/guardian after any emergency treatment during the program day.
- CALL 911 if:
  - Seizure does not stop by itself or with VNS within \_\_\_\_\_ minutes.
  - Seizure does not stop within \_\_\_\_\_ minutes of giving DIASTAT or Intranasal Midazolam.
  - Individual does not start waking up within \_\_\_\_\_ minutes after seizure is over.
  - Any signs of cyanosis not returning to normal within \_\_\_\_\_ minutes.

**Special Considerations & Safety Precautions; (re: program activities, sports, field trips, etc.)**

- None  No use of power tools/power equipment  No contact Sports  No swimming
- Other: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 Physician's Printed Name      Signature (**NO STAMPS**)      NPI#      Date      Office Phone

**TO BE COMPLETED BY PARENT/GUARDIAN**

I hereby give the personnel of the Stark County Board of DD permission to administer the above prescribed medication to me/my son/daughter. Transportation staff will provide basic first aid, use VNS and notify site nurse of seizure activity. If the site nurse is not available, notify parent/provider. 911 will be called for a seizure emergency.

\_\_\_\_\_  
 Individual's Signature      Date      Parent/Guardian Signature      Date

**Medication Guidelines**

1. This form must be completed and original returned to school/workshop nurse for emergency medications to be administered during the program day by school/workshop personnel.
2. This form must be signed by the physician and legal guardian.
3. If any order is changed, a new form is required. Notify the school/workshop nurse immediately.
4. Medications must be in a pharmacy labeled container. The label must include the individual's first and last name, name and strength of medication, amount to be taken, route and time to be administered.

## **Diastat Procedure:**

1. Washes hands if individual's status permits
2. Activate EMS (911)
3. Request assistance if needed.
4. Assembles equipment
5. Explains procedure to individual
6. Puts on gloves
7. Prepares filled syringe for use
8. Inspects for cracks in syringe tip
9. Lubricates syringe tip
10. Position individual on side facing staff person
11. Bend upper leg & separate buttocks to expose rectum.
12. Insert syringe and administer medication while counting slowly to three
13. Slowly count to three again before removing syringe
14. Hold buttocks together while slowly counting to three
15. Keep individual positioned on side facing staff person
16. Clean up procedure area.
17. Removes gloves and washes hands.
18. Documents medication, procedure and observations.
19. Reports any problems to nurse(s).

## **Basic Seizure First Aid:**

- Stay calm & track time
- Keep individual safe and provide privacy
- Protect head
- Do not restrain
- Do not put anything in mouth
- Keep airway open/watch breathing
- Turn individual on side
- Loosen constrictive clothing, especially at the neck and chest
- Stay with individual until fully conscious
- Record seizure details
- Monitor airway, breathing and circulation