

Arizona Seizure Action Plan

..... *Parent to complete*

Student's Name: _____ Date of Birth: _____ Allergies: _____
 Emergency Contact: _____ Best Phone Number: _____

Seizure Information

Seizure Type	Length	Frequency	Description
Seizure triggers or warnings			
Student's response to seizure			
Care after seizure			

Provider to complete this box

ICD-10 Code: _____

Green Zone (Less than 2 minutes):

- | | |
|--|--|
| <ul style="list-style-type: none"> • Stay CALM and track duration • Keep SAFE - Protect head, do not restrain • Turn on SIDE if not awake (do not place anything in mouth) • TIME seizure length | <ul style="list-style-type: none"> • Swipe VNS magnet x 1 if present • Contact family about seizure • May return to class per parent approval |
|--|--|

Yellow Zone (2 to _____ minutes):

- | | |
|--|---|
| <ul style="list-style-type: none"> • Stay with student. Call for assistance | <ul style="list-style-type: none"> • Prepare rescue treatments |
|--|---|

Red Zone (Greater than _____ minutes):

- Give rescue medication (Below)
- **Call 911 if seizure does not end 5 minutes after rescue medication is given**

Rescue medications:

- | | |
|---|---|
| <ul style="list-style-type: none"> • For prolonged seizure give: <ul style="list-style-type: none"> <input type="checkbox"/> Diazepam _____ mg rectally <input type="checkbox"/> Clonazepam ODT _____ mg between cheek/gums <input type="checkbox"/> Midazolam/diazepam _____ mg in the nose <input type="checkbox"/> Other: _____ | <ul style="list-style-type: none"> • For cluster of _____ seizures in _____ minute give: <ul style="list-style-type: none"> <input type="checkbox"/> Diazepam _____ mg rectally <input type="checkbox"/> Clonazepam ODT _____ mg between cheek/gum <input type="checkbox"/> Midazolam/diazepam _____ mg in the nose <input type="checkbox"/> Other: _____ |
|---|---|

(Potential adverse effects include sedation, confusion, respiratory depression)

Medical emergencies (Call 911):

- **Difficulty breathing after seizure**
- **Serious injury or seizure in water**
- **Seizure does not end 5 minutes after rescue medication is administered**

Other: _____

Always take seizure action plan and emergency medication for school activities, sports, and field trips. Close adult supervision when swimming or climbing.

Health Care Provider Signature _____ Printed Name _____ Office Phone _____ Date _____

Parent/Guardian Signature _____ Student Signature (when applicable) _____ Date _____

Reviewed by: _____	Date Reviewed: _____
School Health Office Staff Signature _____	

