

# 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"> <li>• Stay CALM and track duration</li> <li>• Keep SAFE - Protect head, do not restrain</li> <li>• Turn on SIDE if not awake (do not place anything in mouth)</li> <li>• TIME seizure length</li> </ul> | <ul style="list-style-type: none"> <li>• Swipe VNS magnet x 1 if present</li> <li>• Contact family about seizure</li> <li>• May return to class per parent approval</li> </ul> |
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**Yellow Zone** (2 to \_\_\_\_\_ minutes):

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

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

(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 \_\_\_\_\_

