

# 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):

- Stay CALM and track duration
- Swipe VNS magnet x 1 if present
- Keep SAFE - Protect head, do not restrain
- Contact family about seizure
- Turn on SIDE if not awake (do not place anything in mouth)
- May return to class per parent approval
- TIME seizure length

**Yellow Zone** (2 to \_\_\_\_\_ minutes):

- Stay with student. Call for assistance
- 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:**

- For **prolonged** seizure give:
  - Diazepam \_\_\_\_\_ mg rectally
  - Clonazepam ODT \_\_\_\_\_ mg between cheek/gums
  - Midazolam/diazepam \_\_\_\_\_ mg in the nose
  - Other: \_\_\_\_\_
- For cluster of \_\_\_\_\_ seizures in \_\_\_\_\_ minute give:
  - Diazepam \_\_\_\_\_ mg rectally
  - Clonazepam ODT \_\_\_\_\_ mg between cheek/gum
  - Midazolam/diazepam \_\_\_\_\_ mg in the nose
  - 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 \_\_\_\_\_

