

SEIZURE MEDICAL ACTION PLAN CHILD, YOUTH & SCHOOL SERVICES FORT LEONARD WOOD

(Must be completed by a licensed health professional)

Child's NAME:	Sponsor's Name:
CYS Services Program:	Birth Date:

TYPE OF SEIZURE (check one)

<input type="checkbox"/> GRAND MAL (Tonic-Clonic) Usually lasts 2-5 minutes Muscles tense. Body rigid, followed by a temporary loss of consciousness and violent shaking of entire body Comments:	<input type="checkbox"/> PETIT MAL (Absence) Usually lasts 2-5 minutes Staring spells. May drop an object being held of may stumble momentarily. Comments:	<input type="checkbox"/> PSYCHOMOTOR (from the frontal or temporal regions of the brain) May last several seconds or minutes Some degree of impairment of consciousness may or may not be accompanied by automatic movements like lip smacking, roaming and non-goal oriented activity. Comments:
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Medications for seizures

Medication	Dose and Route	Frequency	Side Effects

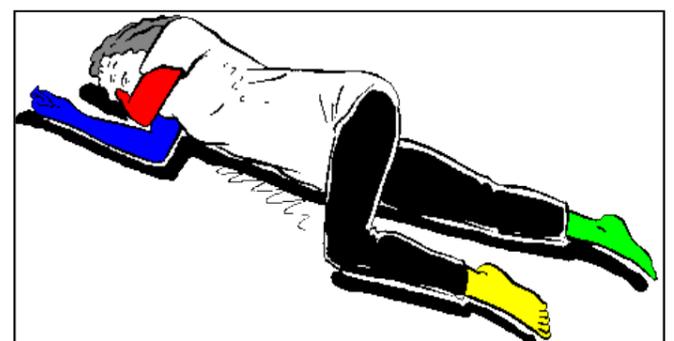
Action plan for PETIT MAL or PSYCHOMOTOR SEIZURES

- Document the time, duration and behavior during seizure
- OTHER: _____
- Inform Army Public Health Nurse (329-1935)

Action plan for GRAND MAL SEIZURES

Prevent Injury

- Help child to the floor
- Clear area around the child
- Do not restrain the child
- Do not force anything into the child's mouth
- Turn child onto his/her side
- Monitor airway, breathing and circulation
- Administer CPR to include rescue breathing, if necessary



Call 911

- Someone must remain with the child to monitor airway, breathing, circulation and to administer CPR to include rescue breathing, if necessary.

When seizure is over

- Note time
- Allow to rest in comfortable position
- Notify parents
- Document the duration and behavior during seizure
- Inform Public Health Nurse (573-596-0518/0491)

Type or Print Name of Parent/Guardian	Parent/Guardian Signature/ DATE
Licensed Health Care Professional's Stamp	Licensed Health Care Professional's Signature/DATE
Printed Name/Stamp of Army Public Health Nurse	Signature of Army Public Health Nurse/DATE
	This signature serves as the exception to medication policy
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