

Seizure Response Plan

Out of concern for the highest level of safety, please complete this form if the participant experiences seizures. This form must be updated annually and/or when there is a change in the seizure information/plan. If at any time there is an increase in the frequency of seizures, please update this plan to ensure that staff are prepared.

Participant Name _____

Type of Seizure	Yes	No
Simple partial seizure	<input type="checkbox"/>	<input type="checkbox"/>
Complex partial seizure	<input type="checkbox"/>	<input type="checkbox"/>
Atonic	<input type="checkbox"/>	<input type="checkbox"/>
Clonic-Tonic <i>(formerly grand mal)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Myoclonic	<input type="checkbox"/>	<input type="checkbox"/>
Pseudoseizure	<input type="checkbox"/>	<input type="checkbox"/>

Please describe a typical seizure.

Are there warning signs of an impending seizure? Yes No

Please describe any changes in behavior prior to the onset of the seizure (warning signs, sensations, symptoms), **and** any seizure triggers (e.g., noise, smells, fear, stomach pain, etc.).

Care during seizure _____

Behavior after seizure _____

Typical length of seizure _____

Protocol after seizure _____

Month, date, and year of last seizure _____

Continue on next page.



If any medications need to be administered, they must be listed/updated on the Annual Information Form. SEASPAR staff would hold and pass these medications to EMS/hospital staff in the case of an emergency.

List any additional seizure information.

Please list the necessary steps you would like SEASPAR to take in the event of a seizure.

1. Call 911 for a seizure lasting more than _____ minutes.

SEASPAR's policy is to call 911 **after 5 minutes** of continuous seizure activity (or sooner if staff determines necessary). Would you prefer Emergency Medical Services (EMS) be called at the initial onset of the seizure? Yes No

SEASPAR will call 911 at the onset of a perceived seizure for anyone who utilizes emergency medication for seizures. Note: SEASPAR staff will not administer rectal Diastat or perform any other invasive medical procedures.

2.

3.

Does participant have a Vagus Nerve Stimulator? Yes No

If yes, describe instructions for application of magnet use (technique) and where the magnet is kept during program.

Parent/Guardian Signature _____ Date _____

Primary Emergency Phone Number _____