



Carbon Lehigh Intermediate Unit #21

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Carbon Lehigh Intermediate Unit #21 Seizure Protocol Please return completed form to Teacher or Fax to 610-769-1098

Student Name: _____ DOB: _____

Current Teacher: _____ Emergency Contact: _____

I. **Seizure Pattern** – (Please describe what the child’s seizure looks like.)

II. **Support & Response**

A. By Classroom Staff:

- 1) Contact School Nurse (Call 911 immediately if no nurse available in building and there are doctor recommendations below requiring medical personnel or medication administration);
- 2) Stay with child;
- 3) Protect & support airway as needed;
- 4) Put nothing in mouth;
- 5) Monitor breathing & reposition head as needed to maintain airway;
- 6) Document seizure activity (date, time, duration).
- 7) Other: _____

III. **Doctors Recommendations – Call 911 after _____ minutes (Note: if the following recommendations cannot be implemented, 911 will be called immediately upon onset of the seizure):**

A. Medication delivery if any (child specific):

B. For which type of seizure is diastat to be administered?

C. Oxygen delivery if any (child specific):

D. If the seizure lasts longer than _____ minutes the following procedure should be utilized:

Physician Signature

Date

Parent/Guardian Signature

Date

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