

**Gainesville ISD Health Services
Seizure Emergency Treatment Plan**

Student Name _____ Age _____ Weight _____

Treatment: Diazepam rectal gel _____ mg rectally prn for:

_____ seizure > _____ minutes—OR for _____ seizures in _____ hours
_____ Use vagal nerve stimulator (VNS) magnet other _____
_____ Call 911 immediately and administer rectal gel

OR

Call 911 if:

_____ Seizure does not stop by itself or with VNS within _____ minutes
_____ Seizure does not stop by itself within _____ minutes
_____ Seizure does not stop within _____ minutes of giving diazepam rectal gel
_____ Child does not start waking up within _____ minutes after seizure is over
 (**no** diazepam rectal gel given)
_____ Child does not start waking up within _____ minutes after seizure is over
 (after diazepam rectal gel **is** given)

Following a seizure:

_____ Child should rest in the nurse's office _____ Child may return to class
_____ Parents should be notified immediately
_____ Parents should receive a note/copy of the seizure record sent home with the child

Current Medications: _____

Allergies _____

Type of seizures

Description*

Absence:	Staring, eye blinking, loss of awareness, other _____
Simple partial	Remains conscious, Involuntary rhythmic jerking/twitching on one side,
Seizures:	distorted sense of smell, hearing , sight, other _____
Complex partial	Confused, not fully responsive/unresponsive, may appear
Seizures:	fearful, purposeless, repetitive movements, other _____
Generalized tonic-	Convulsions, stiffening, breathing may be shallow, lips or skin
clonic seizures:	may have bluish color, unconsciousness, confusion, weariness, or
	belligerence when seizure ends, other _____

Call parents under the following circumstances: _____

Physician Signature	Printed Name	Date
Physician Address _____	Phone _____	

Parent Signature	Date	Phone
-------------------------	------	-------