School Seizure Treatment Order by Physician

Step 1. Confirm Seizure	Step 3. Treatment options
Signs and Symptoms	**If I don't regain consciousness within ______ minutes, please:**
When I am having a seizure, I might display some of the following signs or symptoms:	☐ Call 911
☐ Convulsions ☐ Stiffening	• Once 911 is called, please call my emergency contacts below
☐ Unconsciousness ☐ Staring	☐ If this box is checked, advise EMTs that I have a VNS magnet
☐ Involuntary rhythmic movements	OR
☐ Other:	☐ Administer rescue medication • For seizures that last more than ______ minutes OR for _______ or more seizures in _______ hours
Step 2. Provide basic first aid	• My rescue medication is kept:
To ensure my safety, here are some steps to follow: 1. Cushion head, remove glasses 2. Loosen tight clothing 3. Turn on side and keep airway clear 4. Note the time a seizure starts and the length of time it lasts 5. Don't put anything in mouth 6. Don't hold down 7. As seizure ends, offer help	**Call 911 if** • I do not start waking up within _____ minutes after seizure is over (after giving rescue medication) • Seizure does not stop within ______minutes of giving rescue medication
Step 4. Notification	
Call the following people if: ☐ I go to the Emergency Room ☐ You are concerned about my response ☐ Rescue medication is administered ☐ Other:	**Emergency Contacts:** Name: ___________________________________ **Phone:** ___________________________________ **Name:** ___________________________________ **Phone:** ___________________________________

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Date:		
History		
Name:	Age:	Weight:
Seizure Types:		
Description:		
Allergies:		
Treatment Order:		
• Rescue medication ___________mg rectally prn for: seizure > minutes OR for ___________ or more seizures in ____________ hours		
• Use VNS (vagal nerve stimulator) magnet ____		
• Other		
• Call 911 if:		
➢ Seizure does not stop by itself within ___________ minutes ➢ Seizure does not stop within ____________ minutes of administering rescue medication ➢ Patient does not start to wake up within __________ minutes after seizure is over (no rescue medication is given) ➢ Patient does not start to wake up within __________ minutes after seizure is over (after rescue medication is given)		
• Following a seizure, please notify my office: (Please check off)		
□ If you go to the Emergency Room		
□ Whenever rescue medication is administered		
Physician Information:		
Physician/Nurse Practitioner/Physician Asst Name (Printed):		
Signature:	Date:	
Address:		
Phone Number:		
Fax:		