

Seizure Orders

Student Name: _____ **DOB:** _____ **School:** _____ **Grade:** _____

Physician: _____ **Office Phone:** _____ **Fax:** _____

Seizure Information			
Seizure Type	Length	Frequency	Description
Seizure Triggers or Warning Signs		Student's Response after Seizure	

When was the last known seizure? _____

Age of Dx _____ Last MD visit _____ Co-existing diagnosis _____

Medications at home _____

Treatment Protocol During School Hours (Include Daily and Emergency Medications)		
Medication	Dose & Time	Special Instructions

If Diastat Ordered
<ul style="list-style-type: none"> If Diastat ordered, has the student received this dose before? Yes ___ No ___ Note: if student has not received this dose before, EMS will be called after Diastat administered. Call EMS every time Diastat administered? Yes _____ No _____ If Student Health Services is on campus, student will be monitored under direct observation for seizure activity, breathing and color changes, until the student is stable. <p>EMS will be called if:</p> <ul style="list-style-type: none"> Student Health Services is NOT on campus and Diastat was administered by trained AISD staff. One dose of Diastat does not stop the seizure in _____ minutes Another seizure begins within _____ minutes after one ends Parent is unable to pick-up student within 30 minutes after Diastat administration Other Instructions: _____

Does Student have a Vagus Nerve Stimulator? Yes ___ No ___
 Can magnet be swiped more than once? Yes ___ No ___ Time interval _____

Special considerations and Precautions (regarding school activities, sports, trips, transportation)
Describe any special considerations or precautions:

AISD Policy:

- If the student has a seizure that lasts 5 minutes or longer, EMS is called.*
- If student has more than one seizure within 30 minutes, parent must come and pick up student from school.*
- EMS is called if seizure occurs on the bus**
- List reasonable exceptions _____

* If Student Health Services staff is not on campus

Physician's Signature: _____ **Date:** _____