

# SEIZURES

Refer to person's Emergency Action/Care Plan, if available, follow instructions from person's guardian or physician.

**A person with a history of seizures should be known to appropriate staff.**  
 An emergency care plan should be developed containing a description of the onset, type, duration and after effects of that person's seizures. If there is a history of diabetes, check blood sugar, see "Diabetes" (pg. 37).

- During or immediately after a seizure, place on the floor (preferably a mat) for observation and safety
- **DO NOT RESTRAIN MOVEMENTS**
- Move surrounding objects to avoid injury
- Protect head and neck using a jacket or padding like a folded towel/cloth
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth

**Note:**  
 Observe details of the seizure for parent or legal guardian, emergency personnel, or physician.

- Duration, movement of eyes, mouth, arms & legs
- Loss of urine/bowel control
- Loss of consciousness or change in behavior

- After seizure, keep airway clear by placing person on his/her left side and support the head in a neutral position with a towel roll
- Seizures are often followed by sleepiness and confusion. This may last from 15 minutes to an hour or more

- Is seizure lasting longer than 5 minutes?
- Is person having multiple seizures following one another at short intervals?
- Is person having any breathing difficulties after the seizure?

After the sleeping period, the person should return to normal and be encouraged to participate in all normal class activities.

Contact responsible school nurse or administrator & parent or legal guardian.

  
**CALL EMS 9-1-1**

- Signs & Symptoms of Seizure**
- Episodes of staring and nonresponsive
  - Staring with twitching of the arm and/or leg muscles
  - Generalized jerking movement of arms and/or legs with unconsciousness
  - Sudden unusual behavior for that person (e.g., strange sounds, belligerence, running)
  - If trained personnel and medication available, administer Diastat.