

Student name _____

Treatment order date _____

Age _____ Weight _____

Treatment:

Diazepam rectal gel _____ mg rectally prn for:

- o seizure > _____ minutes--OR--for _____ or more seizures in _____ hours.

Use vagal nerve stimulator (VNS) magnet _____

Other _____

Call 911 if

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

Physician/Nurse Practitioner/Physician Assistant Name (Please print)

Signature/Date _____

License #/State _____

Address _____

Phone _____

Current medication(s) _____

Allergies _____

Type of seizure(s)	Description*	
<input type="checkbox"/> Absence	<ul style="list-style-type: none">• Staring• Eye blinking	<ul style="list-style-type: none">• Loss of awareness• Other _____
<input type="checkbox"/> Simple partial seizures	<ul style="list-style-type: none">• Remains conscious• Distorted sense of smell, hearing, sight	<ul style="list-style-type: none">• Involuntary rhythmic jerking/ twitching on one side• Other _____
<input type="checkbox"/> Complex partial seizures	<ul style="list-style-type: none">• Confused• Not fully responsive/ unresponsive	<ul style="list-style-type: none">• May appear fearful• Purposeless, repetitive movements• Other _____
<input type="checkbox"/> Generalized tonic-clonic seizures	<ul style="list-style-type: none">• Convulsions• Stiffening• Breathing may be shallow• Lips or skin may have bluish color	<ul style="list-style-type: none">• Unconsciousness• Confusion, weariness, or belligerence when seizure ends• Other _____

*Student may experience some or all of the listed symptoms during a specific seizure.

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Treatment for seizure _____

Call parents under the following circumstances:

1. _____

2. _____

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Figure 1. Seizure Emergency Treatment Plan