

316.2b – Letter to Doctor Regarding Health Services (Epilepsy)



Pediatric Neurology
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Saskatchewan School Seizure Action Plan

Student Name:

Birthdate:

Parent/Guardian:

Address:

Phone:

Emergency Contact:

Phone:

Seizure type:

Possible triggers:

Seizure First Aid

- Stay calm
- Time the seizure
- Protect from injury
- Do not put anything in the mouth
- Do not try to stop the movements
- Gently roll the child onto the side (recovery position)

When to Call 911

- For a seizure that lasts 5 minutes or longer
- Before Ativan, Midazolam, or Diastat administration
- For repeated seizures with no recovery in between
- If you have concerns about breathing or skin colour
- If the child has a serious injury

*****The school may elect to call an ambulance at any time, based on school policy and the condition of the child*****

Rescue Medication Yes ☐ No ☐ If Yes, see medication administration handout
Magnet (Vagus Nerve Stimulator) Yes ☐ No ☐ If Yes, see VNS handout

After the Seizure

- Reassure the child. The child may feel confused, lethargic and tired after the seizure, which can last up to several hours. Allow to rest and sleep if needed.
- Call parents to report the event; the child may resume usual activity when the child feels able.

School Safety

- Swimming during school trips: An adult should be in the water with the child, within arm's reach, observing at all times. It is preferable that the child wear a lifejacket if not in swimming lessons.
- While riding a bicycle, rollerblading, skateboarding, skating, skiing, etc. the child should wear an appropriate helmet.
- Do not allow climbing to excessive heights or over hard surfaces. Supervised and appropriate use of playground equipment is reasonable.
- If going on a camping trip, stay a safe distance away from fires. Flickering lights have the potential to trigger a seizure in some children, or the child could fall into the fire during a seizure.

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Seizure Types:

Generalized Tonic Clonic Seizure • Usually lasts 1-3 minutes • May start with crying out or a groan, then loss of awareness, stiffening of muscles and a fall. Next, there is rhythmic jerking or twitching of limbs. They may lose bowel or bladder control, have shallow breathing or drool. They may bite their tongue. Awareness is regained slowly and they may be confused, have a headache or be tired afterward.	Myoclonic Seizures • A sudden jerk of a part of the body, such as the arm or leg. May cause a fall or loss of posture. May occur as a single jerk or occur in clusters.	Absence Seizure • Usually lasts 5-15 seconds • Will suddenly stop activity, stare blankly as though “daydreaming”. Awareness is impaired during the event and it will start and end abruptly. Afterward, they may continue with activity or conversation as though nothing has happened. If untreated, can occur hundreds of times per day and can interfere with learning.
Focal Seizure (Aware) • Usually lasts less than 2 minutes • May begin with an unusual sensation or feeling (aura). Can include: distortion of sight, sound or smell, sudden jerky movements of one part of the body, feeling of overwhelming emotion (joy, sadness, fear, anger), stomach upset, dizziness, shiver, tingling or burning sensation, pallor or flushing. May feel a sense of déjà vu (sensation of having experienced something before). Usually begin suddenly and they are aware throughout.	Focal Seizure (Impaired Awareness) • Usually lasts 30 seconds to 3 minutes • May begin with an unusual sensation or feeling (aura). Awareness is lost and may be followed by movements such as rubbing hands, lip smacking, chewing movements, bicycling of legs (automatisms). They may stare blankly with eyes open. If awareness is only partially lost, they may not be able to move, but be aware of what is happening around them. Afterward, they may be tired or confused. This type of seizure may progress to a generalized tonic clonic seizure.	Atonic Seizure • Usually lasts a few seconds • Also called a “drop attack”. Involves a sudden loss of muscle tone that may cause them to fall, drop an object, or nod their head involuntarily.
Other:		

(Physician Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Principal/Designate Signature)

(Date)

Resources

- Edmonton Epilepsy. (2020). *Epilepsy: A guide for teachers* [PDF]. Retrieved January 26, 2022, from <https://edmontonepilepsy.org/wp-content/uploads/2021/03/EdmEpilepsyAGuideForTeachers.pdf>
- Epilepsy Ontario. (2018). *For educators*. Retrieved January 26, 2022, from <https://epilepsyontario.org/at-work-school/epilepsy-and-education/for-educators/>
- Sick Kids. (2021). *About kids health: Epilepsy learning hub*. Retrieved January 26, 2022, from <https://www.aboutkidshealth.ca/epilepsy>