

Febrile Seizure Protocol/Action Plan

Photo
of
Student

Student's Name: _____
Date of Birth: _____
Classroom: _____

Virginia Department of Social Services (VDSS) regulations require that the following steps shall be taken in the event your child experiences or shows symptoms of a seizure.

A completed Medication Authorization Form with Physician's signature must accompany this action plan.

Please fill in blank areas

1. If we suspect a fever:

- ◆ Take temperature every 5-10 minutes

2. If child has a temperature of _____ degrees or higher

- ◆ Administer fever reducing medication(s). Medication Name: _____
- ◆ Call Parent/Guardian: _____

3. If child has a fever of _____ degrees or higher

- ◆ Remove clothing
- ◆ Sponge bath in room temperature water
- ◆ Administer fever reducing medication
- ◆ Call parents to pick child up
- ◆ Take temperature every 5-10 minutes

4. If child turns blue:

- ◆ Call 911
- ◆ Call parents

5. If child is not breathing:

- ◆ Administer CPR
- ◆ **Call 911**
- ◆ Call parents

6. If child is having a febrile seizure:

- ◆ **Call 911**
- ◆ Place child on floor away from any hard or sharp objects
- ◆ Turn child's head to the side so that saliva or vomit can drain from their mouth
- ◆ Do not put anything in child's mouth
- ◆ Take off layers
- ◆ Sponge bath in room temperature water
- ◆ Call parents.

The forenamed student is my child and I have authorized any certified staff member at Merritt Academy to follow the protocol outlined on this page.

Parent/Guardian signature and date: _____

The forenamed student is my patient and I have authorized the treatment protocol outlined on this page.

Physician signature and date: _____