EMERGENCY CARE PLAN – SEIZURE DISORDER

Student Name ______________________________ Birthdate ______________ Grade/Teacher ___________________

School Name ____ School Year____________________

My child's seizure disorder includes: Check all that apply and fill in blanks.

MY CHILD'S TYPE OF SEIZURE AND BEHAVIOR	EMERGENCY CARE AT SCHOOL
☐ **Tonic/Clonic Seizure (Grand Mal)** ☐ Loss of consciousness ☐ Tremors ☐ Aura(warning) ________________________ ☐ Muscle jerks ☐ Sudden cry ☐ Saliva on lips ☐ Bluish skin color ☐ Possible loss of bladder or bowel control ☐ Becoming rigid ☐ Usually lasts _______ minutes ☐ Confusion, muscle limpness and drowsiness after the seizure followed by full return of consciousness in _________ minutes ☐ Other seizure behavior: ________________ ____________________________________	• Assist student to the floor, turn on side • TIME THE SEIZURE • Protect head from injury – place something soft under head • Call office ____________________. • Clear hazards (furniture or other objects) • Prevent injuries and treat any that occur • Have another adult direct students away from area • Do not attempt to put anything in their mouth or try to restrain in any way • Administer emergency medication: ☐ Yes ☐ No If Yes: Name of medication ______________________ Instructions ___________________________________ • Contact parents immediately ☐ Other: ____ • **Call 911 if one or more:** • Single seizure lasts longer than 5 minutes • If multiple seizures occur • Student appears injured • Fails to regain consciousness after the seizure • Emergency medication is given • No pulse and/or breathing–**Start CPR immediately** ☐ Other: __________________________________

☐ **Partial, Absence or Unclassified Seizure** ☐ Performs aimless activities ☐ Chewing ☐ Fumbling ☐ Wandering ☐ Shaking ☐ Confused speech ☐ Twitching of mouth or hands ☐ Brief staring spell ☐ Usually lasts ________ minutes ☐ Consciousness is affected ☐ Other seizure behavior: _________________ _____________________________________	• Do not hold down or grab • Protect from hazards and injuries • Time the seizure • Stay with student, speak gently and help student get back on task following seizure • Allow ________ minutes to rest and re-orient self before returning to class ☐ Report to parents: ☐ daily ☐ weekly ☐ immediately ☐ Other: _____________________________________ • **Call 911 if one or more:** • Full awareness does not return • Student appears injured • No pulse and/or breathing–**Start CPR immediately** ☐ Other: __________________________________

If your child requires medication at school, you must have a **Prescription Medication Permission Form** signed by doctor and parent on file **<u>BEFORE</u>** the medication can be given.

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INDIVIDUALIZED HEALTH CARE PLAN – SEIZURE DISORDER CONTINUED

Student Name ____

1. At what age did your child have their first seizure? ____
2. How often do the seizures occur? ________________________ Date of last seizure _____________
3. Has your child ever had a seizure lasting longer than five minutes? ☐ Yes ☐ No
    a. If yes, what needs to be done ____
4. What events might cause a seizure (such as fever, blinking lights, etc.)? ________________________

    ____
5. What safety precautions or activity restrictions are needed at school? ___________________________

    ____
6. What is the date of your child's last medical evaluation for seizures? ___________________________
7. Does your child take medication to control their seizures? ☐ Yes ☐ No
    a. If yes, name of medication(s) and dose ____
    b. Time(s) of day medication(s) are taken ____
8. What additional information will help school staff understand your child's seizure disorder plan?

    ☐ Physical Education/Recess precautions ____

    ____

    ☐ Transportation to and from school ____

    ____

    ☐ Other concerns ____

    ____

    ____

    ____

We recommend that students with a seizure disorder wear a Medic-Alert bracelet/pendant at all times.

School Nurse Signature _____________________________________ Date Reviewed ______________

Updated 1/7/2015