

SEIZURE HEALTH CARE PLAN*
(This health plan is valid only during normal school hours)

Student:

DOB: _____ Grade: _____
Parents: _____
Home phone: _____
Home address: _____
Mom cell phone: _____ Mom work phone: _____
Dad work phone: _____ Dad cell phone: _____
Emergency Contact: _____ Phone: _____ Cell phone: _____
Physician: _____ Phone: _____ Hospital preference: _____
GOAL: Identification of seizure activity, prevention of injury and care during and after seizure

Type of Seizure:

(See back of care plan for descriptions)

PLAN of Action * * indicates steps typically necessary for all seizures. Additional steps are for Generalized (Grand Mal or Tonic-Clonic) seizures only.

- **1. Stay with student and stay calm
- **2. Protect student from injury
- **3. Note time of day and length and type of seizure
- 4. Help to ground if seizure is suspected or started
- 5. Remove furniture or sharp objects from around student
- 6. Roll on side to avoid choking. If available, put soft object (like sweater) under head
- 7. Keep hands away from student's mouth and do not place anything in student's mouth
- 8. Expect that the student may momentarily appear to stop breathing.
- 9. Student may be incontinent during seizure - provide privacy for clean up including change of clothes as needed.
- **10. Afterwards, student may be confused and tired. Reassure and reorient. Allow student to rest for 15 - 30 minutes as needed.
- **11. Notify parent. Notify school nurse. Document on seizure record form.
- **12. CALL 911 IF SEIZURE LASTS MORE THAN 5 MINUTES OR IF MULTIPLE SEIZURES HAPPEN WITHOUT RECOVER IN BETWEEN.
- **13. Document on seizure record form

SEIZURE HISTORY:

Diagnosed at age: _____ Date of last seizure: _____
Warning signs (or aura) if any: _____
Seizure medications at home: _____
Seizure medications at school: _____
Seizure medication side effects may include: _____
Additional information: _____

Additional information for teachers and staff:

- *Spend some time reviewing this information. Think of how you will handle the situation should an emergent episode occur. (In the classroom, during fire drills, in the hallway etc.)
- *Keep this information in mind when planning for a field trip. If medication or supplies are needed, they must go with the student while on any field trip.
- *Place a copy of this care plan in your sub folder, they must be informed.

*The office staff is also aware of this medical condition and care plan. Medications are kept in the health room or in the main office.

Types of Seizures (please circle all that apply):

TYPE SYMPTOMS

Generalized Loss of consciousness(Grand Mal or Stiffening of head/neck (tonic phase)
Tonic-Clonic) Jerking movements of extremities (clonic phase)

Eyes roll upward

May have loss of bladder or bowel control

Shallow breathing with pale or bluish skin

Usually last from less than a minute to three minutes

Usually followed by period of sleepiness (poetical stage) for minutes or hours.

Absence Most common with kids - brief loss of consciousness of 10-30 seconds

(Petit Mal) May look like daydreaming or inattention

Does not respond to voice or touch

Lip smacking, twitching of eyelid or face may occur

Simple Partial No loss of consciousness, is awake, aware - only one part of brain involved

(Focal or Jacksonian) Short jerky movements may be of hands or mouth

Head or eyes may turn to the side

Movements may proceed from one area of the body to another

May experience pins and needles sensation or feeling of numbness

May experience a distorted environment or hear noises

Complex partial Blank stare followed by random activity - only one part of brain is involved

May be somewhat aware or have distortion of consciousness

Unaware of surroundings - seem dazed

Actions clumsy, not directed

Symptoms are unique form individual to individual

Atonic Sudden loss of postural tone and consciousness

(Drop Attack) May be brief with sudden drop of head or fall

May be prolonged with fall then remaining limp and unresponsive for seconds or minutes

More prolonged usually followed by postictal drowsiness

Myoclonic Sudden brief massive muscle jerks

May involve whole body or parts of body

No loss of consciousness

Parents give permission for the information on the Health Care Plan to be shared with staff in the school setting that will be working with this student on a need to know basis.

Parent's will notify the nurse in writing of any changes to the health care plan or of any changes in this students health status.

Parent Signature & Date

Physician Signature &Date

Nurse Signature & Date

Teacher Signature &Date

Administrator Signature & Date

***This Health Care Plan and any nurse delegation related to this plan are for use during regular school hours (8:10 a.m. – 3:20 p.m.). Medication questions outside of regular school hours need to be referred to the child's parents, Poison Control or 911. If a parent can attend a before/after school activity, they can assume responsibility for the medication.**