

EMERGENCY CARE PLAN: SEIZURE DISORDER

To Be Completed By Parent

Student: _____ Grade: _____ Teacher: _____ DOB: _____
Mother's Name: _____ Home: _____ Work: _____ Cell: _____
Father's Name: _____ Home: _____ Work: _____ Cell: _____
Parent/Guardian Signature: _____ Date: _____

This plan will be shared with district staff on a need to know basis to protect the safety of your child

SIGNS OF A GENERALIZED TONIC CLONIC SEIZURE MAY INCLUDE:

- Sudden loss of consciousness; bladder control may be lost
- Fall to the ground, sometimes with a cry
- Entire body usually becomes rigid, then jerking of the face, trunk and limb ensues
- Breathing may be shallow or may even stop
- When seizure activity stops, the child may be confused, drowsy or complain of headache

Photo

IN THE EVENT OF A SEIZURE, STAFF SHOULD:

- Notify nurse
- Clear the area of other students/objects if possible. Note time seizure started.
- Position student on side if possible. Do not restrain or put anything in the mouth.
- If possible, place something soft (blanket, towel) under head for protection. Remove glasses.
- If the seizure lasts **less than** _____ minutes, no other medical assistance is usually needed. Student may be tired.
- If there are multiple seizures or seizure lasts **longer than** _____ minutes, call 911.
- If breathing is shallow or stops, the child's lips or skin may have a bluish tinge, which corrects as the seizure ends.
- In the unlikely event that breathing does not begin again, check the child's airway for obstruction and begin CPR.

INSTRUCTIONS FOR THE BUS DRIVER:

- Pull over and stop bus. Lay student across a double or triple seat-facing away from seat, or in aisle.
- Follow plan above. Driver should notify dispatch per district procedures.
- Dispatch should notify school nurse at the number below if on the way to school.
- **If seizure last over** _____ minutes, ask dispatch to contact 911, then parent. Dispatch will also notify school nurse.

To Be Completed By Health Care Provider

Diagnosis (Type of Seizure) _____
Medication (Dose/Route) _____
*Rectal Medication can only be administered by an RN or LPN under the direction of an RN
 Medication administered by nurse at onset of seizure or within _____ minutes
 Medication must be available on bus: No Yes Medication is needed on field trips: No Yes
Use (VNS) Vagal nerve stimulator magnet NA Yes _____
Describe use and frequency
Activity Restrictions Needed No Yes (explain) _____
Doctor Name (Please Print): _____ Phone: _____ Fax: _____
Doctor Signature: _____ Date: _____

This plan is in effect for the 201_ -201_ School Year

School Nurse: _____ School _____

Phone: _____ Fax: _____ Email _____

Staff Members Instructed: _____