

**SEIZURE CARE PLAN AND MEDICATION ORDERS** Plan \_\_\_ of \_\_\_

<b>NAME</b>		<b>Birthdate:</b>	<b>School</b>		
<b>Grade</b>	<b>Preferred Hospital</b>	<input type="checkbox"/> <b>Bus #</b>	<input type="checkbox"/> <b>Walk</b>	<input type="checkbox"/> <b>Drive</b>	<b>Weight</b>
<b>History (including current medication)</b>					

**TYPES of SEIZURES**

<b>Tonic Clonic</b>	<b>Absence</b>	<b>Psychomotor</b>
Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body.	Staring spells. May drop an object s(he) is holding or may stumble momentarily.	Some degree of impairment of consciousness-- may have automatic movements like lip smacking, roaming, and non-goal oriented activity.
<b>Comments</b>	<b>Comments</b>	<b>Comments</b>
<b>*IDENTIFY students usual signs/symptoms</b>	<b>*IDENTIFY students usual signs/symptoms</b>	<b>*IDENTIFY students usual signs/symptoms</b>

**IF YOU SEE THIS** **DO THIS**  
Adult stays with student at all times

<b>ABSENCE AND PSYCHOMOTOR SEIZURES</b>	Time seizure and monitor student closely. Notify the nurse _____ and parent/guardian _____. Gently support and protect student from harm. Do not restrain. No first aid is needed if no injury. After seizure, calmly re-orient student to their surroundings. After seizure, record seizure activity on Seizure Observation Log.
<b>TONIC CLONIC</b> <b>Do not hold student down</b> <b>Do not put anything in their mouth</b> (for loss of bowel/bladder, cover with blanket for privacy)	Time seizure activity. Stay calm & ease student to floor to avoid a fall. If trained, administer medication/treatments as ordered below. Clear area around student-move hard objects. Keep others away. Support student on their left side to allow vomit/drool to drain. Loosen clothing around neck. Place soft material under head. Notify the nurse _____ and parent/guardian _____. After seizure record events on the Seizure Observation Log.

**CALL 911 IF:**

- Seizure does not stop by itself or is 1st tonic clonic seizure
- Seizure does not stop within \_\_\_\_\_ minutes
- Child does not start waking up within \_\_\_\_\_ minutes after seizure is over
- Another seizure starts immediately after the first seizure
- Bluish color to lips AFTER seizure ends
- Prolonged loss of consciousness
- Stops breathing (**START RESCUE BREATHING/CPR**)

**MEDICATION ORDERS**

➤ For seizure lasting over \_\_\_\_\_ minutes **OR** for \_\_\_\_\_ or more \_\_\_\_\_ (type) seizures in \_\_\_\_\_ minutes/hours **OR**

➤ Child does not start waking up within \_\_\_\_\_ minutes after seizure is over

➤ \_\_\_\_\_ (medication) \_\_\_\_\_ mg \_\_\_\_\_ (route) for \_\_\_\_\_ (type)  
 \*\*for intra-nasal midazolam: give \_\_\_\_\_ ml divided---1/2 dose (\_\_\_\_\_ ml) into each nostril\*\*

➤ Call 911 when seizure emergency medication has been administered

➤ Daily seizure medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Takes seizure medication at home  Takes seizure medication at school

➤  **NO MEDICATIONS HAVE BEEN ORDERED**

<b>LHP Signature</b>	<b>Date</b>	<b>Telephone</b>
		<b>Fax Number</b>
<b>LHP Printed Name</b>	<b>Start Date</b>	<b>End Date</b>

## EMERGENCY CONTACTS

Name:
Primary #
Other #
Other #



Name:
Primary #
Other #
Other #

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Accommodations needed \_\_\_\_ No \_\_\_\_ Yes    If yes, list below:

- A new EAP and medication/treatment orders for seizures must be submitted each school year.
- If any changes are needed on the EAP, it is the parent/guardian's responsibility to contact the school nurse.
- It is the parent/guardian's responsibility to alert all other **non-school** programs of their child's health condition.
- Medical information may be shared with school staff working with my child and EMS staff, if they are called.
- I have reviewed the information on this Seizure Emergency Action Plan/504 and medication/treatment orders and request/authorize trained school employees to provide this care and administer medication/treatments in accordance with the Licensed Healthcare Provider's (LHP's) instructions.
- This is a life-threatening plan and can only be discontinued by the LHP.
- I authorize the exchange of information about my child's seizure disorder between the LHP office and the school nurse.
- *My signature below shows I have reviewed and agree with this health care/504 plan and medication/treatment orders.*

Parent/Guardian Signature

Date

### EXPECTED POST-SEIZURE BEHAVIOR

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>◆ Tiredness</li> <li>◆ Weakness</li> <li>◆ Sleeping</li> <li>◆ Difficult to arouse</li> <li>◆ May be somewhat confused</li> </ul> | <ul style="list-style-type: none"> <li>◆ Regular breathing</li> <li>◆ This period may last a few minutes or hours</li> </ul> |
|--|--|

**For District Nurse's Use Only**

**504 Plan**

A registered nurse has completed a nursing assessment and developed this Seizure Care Plan in conjunction with this student, their parent/guardian and their LHP.

**Medication/Device(s)**

**Expiration date(s)**

School Nurse Signature

Date

Phone

**Health care/504 plan and medication (if prescribed) must accompany student on any field trip or school activity.**

**\*\* Keep plan readily available for Substitutes. \*\***

**SEIZURE OBSERVATION LOG**

<b>Student Name</b>				
<b>Date / Time</b>				
<b>Seizure Length</b>				
<b>Pre-Seizure Observation (briefly list behaviors, triggering events, activities)</b>				
<b>Conscious (yes/no/altered)</b>				
<b>Injuries (briefly describe)</b>				
<b>Muscle tone/body movements</b>	Rigid/clenching			
	Limp			
	Fell down			
	Rocking			
	Wandering around			
	Whole body jerking			
<b>Extremity movements</b>	(R) arm jerking			
	(L) arm jerking			
	(R) leg jerking			
	(L) leg jerking			
	Random movement			
<b>Color</b>	Bluish			
	Pale			
	Flushed			
<b>Eyes</b>	Pupils dilated			
	Turned (R or L)			
	Rolled up			
	Staring or blinking (clarify)			
	Closed			
<b>Mouth</b>	Salivating			
	Chewing			
	Lip smacking			
<b>Verbal Sounds (gagging, talking, throat clearing, etc.)</b>				
<b>Breathing (normal, labored, stopped, noisy, etc.)</b>				
<b>Incontinent (urine or feces)</b>				
<b>Post-seizure observation</b>	Confused			
	Sleepy/tired			
	Headache			
	Speech slurring			
	Other			
<b>Length of time to orientation</b>				
<b>Parent/guardian notified (time of call)</b>				
<b>9-1-1 called (call time &amp; arrival time)</b>				
<b>Staff member observing seizure (name)</b>				