

SEIZURE EMERGENCY CARE PLAN

Date of Plan: _____. This plan is valid for the current school year: _____

The student's primary care provider/health care team, including the parents/guardian, should complete this plan. It will be reviewed with the relevant school staff and copies will be kept in a place that can be accessed easily by the school nurse, trained personnel, and other authorized personnel.

Student Name: _____ **Grade:** _____

Current Medications: _____

Type of Seizures: _____ **How often do they occur?** _____

Describe Seizure Activity (include symptoms before, during and after seizure):

School Restrictions: _____ **Other:** _____

Protocol for seizure:

- Keep calm and remain with student. Ease student to the floor. If needed, loosen any clothing around the neck area and protect him/her from any sharp or hard objects in the area.
- Do not force anything into his or her mouth.
- Roll student on his/her side to drain secretions and insure that the student is able to breathe.
- **Observe and record** the nature and length of the seizure. After the seizure has subsided, continue to monitor airway and breathing. Allow the student to rest. (Documentation chart located on back of this form).
- Call parents to notify them of seizure after it has ceased and the student is aroused.
- **If seizure last longer than 5 minutes:**
 - Call 911.
 - Page first responder team or call the school nurse at Ext. 105 for assistance.
 - Call parents.
- Administer rescue medication: _____ **for seizures lasting longer than 5 minutes** as prescribed by the physician. **Monitor breathing rate and color of student.** (Persons administering medication MUST have training and clearance prior to administering medication).
- When 911 are called, remain with student until paramedics or other appropriate assistance arrives. If student is to go to the hospital with paramedics, a school staff member is to accompany the student to the hospital with a copy of the health enrollment card and remain with the student until the parents arrive.

SIGNATURES

Parent/Guardian: _____ **Date:** _____

Physician/Health Care Provider: _____ **Date:** _____

CONTACT INFORMATION

Parent/Guardian: _____
Telephone: Home: _____ Work: _____ Cell: _____
Health Care Provider: _____
Address: _____
Telephone: _____ Emergency: _____
Other Emergency Contact: _____
Relationship: _____
Telephone: Home: _____ Work: _____ Cell: _____

Seizure Documentation Chart

(Documentation to be completed by the witness observing the seizure.)

Date	Time of Day	Length of Seizure	Observations/Comments

*Please note unusual behavior just prior to seizure. During seizure note parts of the body with movements such as head, eyes, body, mouth and extremities and describe the type of movement. After seizure, observe for breathing, color of skin, incontinence, drowsiness, confusion or injuries.

District Health Coordinator: Ashley Speaker R.N., B.S.N. **Office #** 475-7803 EXT 105

Doctor:

Office #

Preferred Hospital:

Medications:

Bus: ☐ Yes ☐ No

Epilepsy or Seizure Disorder refers to a transitory disturbance in consciousness or in motor function due to uncontrolled electrical discharges in the brain. The brain is a complex, sensitive organ that controls and regulates all our motor movements, sensations, thoughts, and emotions. Brain cells work together, communicating by means of electric signals. Occasionally a group of cells discharge abnormal signals and the result is a seizure.

The type of seizure depends on the part of the brain where the abnormal electrical discharge originates. A seizure is a symptom of the disorder just as fever is a symptom of infection. Seizure disorders are not contagious or a sign of mental illness. Only in rare cases do seizures require emergency intervention. Most seizures are over in a few minutes and do not need medical follow up. Common types of seizures include:

- **An absence seizure** is brief and last only a few seconds. These events are often called petit mall seizures. This is the most common type of seizure disorder in children and can occur frequently through out the day. If frequent, it can severely affect a student's learning. Seizure activity often mistaken for daydreaming may include staring spells, eye blinking, and mild facial twitching.
- **Generalized seizures** are also known as **grand mal seizures**. This disorder is characterized by loss of consciousness followed by stiffening for few seconds (tonic phase) then followed by period of jerking (clonic phase). As a rule, these seizures last from less than a minute to three minutes. After the seizure, a period of deep sleep occurs (postictal stage) lasting from minutes to hours.
- **Simple partial seizure** is when only one part of the brain is involved. In this type of seizure, the student is aware of the seizure because consciousness is not impaired. Some symptoms include hand or mouth movement, head or eyes turned to the side, a pins and needles sensation, feeling of numbness, or hearing noises.
- **Complex partial seizure** in when only one part of the brain is involved. The student generally will have impaired consciousness. Symptoms are unique from individual to individual.
- **Atonic seizures**, which are also know as **"drop attacks."** These seizures consist of sudden loss of postural tone and consciousness. They may be very brief, in which case a sudden drop of the head or sudden fall may be the only manifestation. More prolonged attacks may begin with a fall but the student then remains limp and unresponsive for seconds or minutes. The more prolonged atonic seizures are usually followed by postictal drowsiness, which helps to distinguish them from these other conditions.

The majority of epileptic seizures are controlled by medication, particularly anticonvulsant drugs. The type of treatment prescribed will depend on several factors, including the frequency and severity of the seizures and the person's age, overall health, and medical history.

Please List Other Considerations:

Physician Signature

Date

Parent Signature

Date

Signs of a SEIZURE Emergency

- Keep calm and remain with student. Ease student to the floor. If needed, loosen any clothing around the neck area and protect him/her from any sharp or hard objects in the area.
- Do not force anything into his or her mouth.
- Roll student on his/her side to drain secretions and insure that the student is able to breathe.
- **Observe and record** the nature and length of the seizure. After the seizure has subsided, continue to monitor airway and breathing. Allow the student to rest.
- Call parents to notify them of seizure after it has ceased and the student is aroused.
- **If seizure last longer than 5 minutes:** Call 911. Page first responder team or call the school nurse at Ext. 105 for assistance. Call parents.
- Administer rescue medication, if available **for seizures lasting longer than 5 minutes** as prescribed by the physician. **Monitor breathing rate and color of student.** (Persons administering medication **MUST** have training and clearance prior to administering medication).
- If 911 is called, remain with student until paramedics or other appropriate assistance arrives. If student is transported to the hospital via ambulance, a school staff member is to accompany the student to the hospital with a copy of the health enrollment card and remain with the student until the parents arrive.