



SEIZURE CARE PLAN FOR SCHOOL USE

Student Name: _____

Date of Birth: _____

School: _____

Teacher/Advisor: _____

Parent(s) Name: _____

Phone: _____

Physician's name: _____

Phone: _____

Allergies to Medication(s): _____

Home Rx(s): _____

Type of Seizure	Symptoms (please circle)
Absence	• Staring • Loss of awareness / blank facial expression • Eye blinking • Brief 5-10 seconds but can occur repeatedly
Atonic (Drop Attack)	• Loss of muscle control / limp • Unresponsive • May fall from lethargy • May fall asleep suddenly
Complex Partial	• Confused • Not fully responsive/unresponsive • May appear fearful • Purposeless, repetitive movements
Generalized Tonic Clonic (Grand Mal)	• Convulsions • Stiffening • Breathing may be shallow • Lips or skin may have a bluish color • Unconsciousness
Myoclonic	• Sudden jerking of head, arms, legs • May occur several times in a row or "cluster" • May fall to the ground
Simple Partial	• Remains conscious • Distorted sense of smell, hearing, sight • Involuntary rhythmic jerking/twitching on one side
Tonic	• Sudden stiffening of body • May be rigid • May temporarily stop breathing • Cyanosis (bluish coloring to skin)
Akinetic	• No movement, but muscle tone is maintained. • "Freezing into position" • May lose consciousness.

MEDICATION TO BE TAKEN AT SCHOOL ***	Dosage:
--------------------------------------	---------

***Medication authorization form must be completed.

Action Plan for Seizures	Emergency Treatment Dial 911
<ol style="list-style-type: none"> Protect student from injury and <u>note the time</u> <ul style="list-style-type: none"> Lower student to floor Loosen clothing around neck Place on their side Place soft item under head Do not attempt to open or put anything in the student's mouth Do not interfere with student's movements or attempt to restrain Let the seizure run its course Remove other students from the area Call Parents Call school nurse: Ext. 7030 Cell: 690-7100 Observe and document details of seizure <ul style="list-style-type: none"> Behavior before and after seizure Length and characteristics of seizure 	<ul style="list-style-type: none"> For first time seizures If seizure lasts greater than 5 minutes If seizure is related to a head injury If student is having difficulty breathing If another seizure occurs soon after the first If a seizure occurs in the water Other: _____

Special Instructions:

As parent/guardian of the above named student, I give permission for use of this health plan in my student's school and for the school nurse to contact the above providers regarding the above condition. Orders are valid through the end of the current school year.

Parent Signature: _____

Date: _____