



SEIZURE CARE PLAN FOR SCHOOL USE

Student Name: _____

Date of Birth: _____

School: _____

Teacher/Advisor: _____

Parent(s) Name: _____

Physician's name: _____

Parent(s) Phone: _____

Physician's Phone: _____

Allergies: _____

Home Rx(s): _____

Medication(s) taken at school: _____

→→→ ***Medication authorization form must be completed.

Description of Previous Seizure(s): _____

Please check	Type of Seizure	Description
<input type="checkbox"/>	Focal Onset Aware (Simple Partial)	Begins in one area or group of cells in one side of the brain with no change in awareness.
<input type="checkbox"/>	Focal Onset Impaired Awareness (Complex Partial)	Begins in one area or group of cells in one side of the brain with impaired awareness.
<input type="checkbox"/>	Generalized Onset Motor (Grand Mal)	Affects both sides of the brain or groups of cells on both sides at the same time with motor activity involvement such as jerking [clonic], stiffness [tonic], loss of muscle control [atonic], or automatisms [repeated or automatic movements]
<input type="checkbox"/>	Generalized Onset Non-motor (Absence)	Affects both sides of the brain or groups of cells on both sides at the same time and can involve autonomic system (breathing, pulse) behavioral arrest (speech or movement stopping), cognitive (slowed thinking or understanding), emotional (sudden fear, anxiety, or pleasure) or sensory changes (hearing, vision, taste, pain, numbness/tingling) changes.
<input type="checkbox"/>	Unknown Onset Motor or Non-motor	When the beginning of a seizure is not known

Action Plan for Seizures

- Protect student from injury and note the time
 - 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 Parent/guardian
- Call nurse x7030, Emergency cell: 616-690-7100
- Observe and document details of seizure
 - Behavior before and after seizure
 - Length and characteristics of seizure

Emergency Treatment

Dial 911

- Emergency Rx has been administered
- 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
- Any concern with airway, breathing, circulation
- If a seizure occurs in the water
- Other: _____

Special Instructions

- Aura recognition: (Describe) _____
- Avoid triggers: (**Circle**: flashing lights, sleep deprivation, low blood sugar, stress, other: _____)
- Other: _____

Expected Outcomes: Student will receive health and educational support, remain free from injury, receive seizure first aid as needed, and receive rescue medications as needed.

As a parent/guardian of the above-named student, I give consent for an exchange of health information between the school nurse and healthcare provider. I give consent for exchange of information between the school nurse and appropriate school personnel. I consent to communication via the email listed. I acknowledge it is my responsibility to communicate any changes to my child's health condition or needs to the school nurse. Orders are valid through the end of the current school year.

Parent Signature : _____

Date : _____