

**School Individual Emergency Health Care Plan**  
*Seizure Disorder*

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

**\*\*\*\*\* ALWAYS TIME A SEIZURE AND KEEP STUDENT SAFE \*\*\*\*\***

<p><b>If You See This:</b></p> <ul style="list-style-type: none"> <li>• Staring with no response lasting for a few seconds (5 -10 secs)</li> <li>• Frequent dropping of things, frequent falls</li> <li>• Lip smacking or twitching, eye blinking or slight hand movements</li> <li>• Trance-like state with purposeless movements</li>   <li>• Loss of consciousness with generalized violent muscle contractions, possible incontinence of urine (lasts usually less than 5 minutes)</li> </ul>	<p><b>Do This:</b></p> <ul style="list-style-type: none"> <li>• Time the activity and report to nurse</li>   <li>• Send someone to get the nurse</li> <li>• Cushion head</li> <li>• Move any furniture away from student</li> <li>• Loosen any tight clothing</li> <li>• Turn on side when not in muscle spasm</li> </ul>
<p><b>DO NOT:</b></p> <ul style="list-style-type: none"> <li>• Call EMS until the nurse has assessed, as parent may wish to transport to doctor's office</li> <li>• Put anything in mouth</li> <li>• Attempt to hold down</li> <li>• Try to waken</li> <li>• Move to another location unless present location presents a danger</li> <li>• Ask the student to sit up and walk before the nurse has assessed</li> </ul>	<p><b>DO:</b></p> <ul style="list-style-type: none"> <li>• Call EMS 1<sup>st</sup> if the student is injured because of the fall due to seizure</li> <li>• Call EMS 1<sup>st</sup> if the nurse or trained personnel are not in the building</li> <li>• Stay with student until completely recovered from seizure</li> <li>• Maintain crowd control, give student plenty of room &amp; privacy from other students</li> </ul>
<p><b>Follow Up Care:</b></p> <ul style="list-style-type: none"> <li>• Monitor breathing, any signs of respiratory distress</li> <li>• Determine level of consciousness and ability to move extremities</li> <li>• May allow student to sleep as needed (not more than 30 min)</li> <li>• Contact Parent/Guardian or Physician</li> </ul>	<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Time seizure started &amp; ended</li> <li>• Describe seizure activity</li> <li>• Any medication given</li> <li>• Contacts notified &amp; further instructions given</li> </ul>
<p><b>Emergency Seizure Medications: (To Be Given In Order Listed)</b></p> <p>1. _____ Dose _____</p> <p>2. _____ Dose _____</p> <p>3. _____ Dose _____</p>	
<p>Contact: <b>911</b></p> <p>School Nurse: _____ Principal: _____</p> <p>Parent/Guardian: _____ Phone: _____</p>	
<p><b>Trained/Reviewed use of emergency medications:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><b>Additional Information:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)