



Emergency Care Plan - SEIZURES

DO NOT SEND A STUDENT WITH WARNING SIGNS/AURA ANYWHERE WITHOUT AN ADULT!

Student Name: Student Name	DOB: Student Date of Birth	School: Student School Name	Grade: Student Grade	No Image Available
Parent/Guardian: Guardian(s) Primary	Phone: Guardian Primary Phone		Second Phone: Guardian Primary Cell Phone	
Parent/Guardian: Guardian(s) Secondary	Phone: Guardian Secondary Phone		Second Phone: Guardian Secondary Cell Phone	
Emergency Contact: Emer Contact 1 Name	Phone: Emer Contact 1 Primary Phone		Second Phone: Emer Contact 1 Second Phone	
Healthcare Provider:	Phone:		Medication(s):	
Triggers:				

Types of Seizures: (Please indicate student's history by marking symptoms he/she has experienced)

<u>Grand Mal/Tonic-Clonic</u>	<u>Myoclonic</u>	<u>Atonic</u>	<u>Absence</u>	<u>Non-Epileptic</u>
<input type="checkbox"/> Body jerking <input type="checkbox"/> Muscles tense/limbs stiff <input type="checkbox"/> Loss of bladder/bowel function <input type="checkbox"/> Excessive saliva Gasping <input type="checkbox"/> Holding breath	<input type="checkbox"/> Brief, involuntary muscle jerking	<input type="checkbox"/> Sudden loss of muscle tone <input type="checkbox"/> Loss of posture <input type="checkbox"/> Head drop <input type="checkbox"/> Complete collapse	<input type="checkbox"/> Staring into space <input type="checkbox"/> "Not paying attention" <input type="checkbox"/> Fluttering eyelids <input type="checkbox"/> Dropping objects <input type="checkbox"/> Brief-lasts a few seconds	<input type="checkbox"/> Impairment of consciousness <input type="checkbox"/> Small movements <input type="checkbox"/> Muscle rigidity <input type="checkbox"/> Long duration (several minutes-hour)

EMERGENCY INTERVENTION

Grand Mal/Tonic Clonic	Myoclonic	Atonic	Absence	Non-Epileptic
Keep student safe-protect head Do not put anything in mouth Do not restrain student Turn on left side Stay with student Note seizure on seizure log If seizure lasts > minutes, or seizures occur back-to-back CALL 911 Additional Treatment: Emergency medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Medication instructions:	First aid usually not needed Notify Parent/Guardian Note seizure on seizure log Treat any injury that may result from seizure Call 911 for back to back seizures or difficulty breathing Additional treatment:	First aid usually not needed Notify Parent/Guardian Note seizure on seizure log Treat any injury that may result from seizure Call 911 for back to back seizures or difficulty breathing Additional treatment:	First aid usually not needed Notify Parent/Guardian Note seizure on seizure log Treat any injury that may result from seizure Call 911 for back to back seizures or difficulty breathing Additional treatment:	Provide for safety-protect head Stay with student Notify parent/guardian Note seizure on seizure log Move student to health room after minutes of seizure using wheelchair or backboard Additional treatment:

Parent/Guardian Signature (required): _____	Date: _____
School Nurse: IHP Written By _____	Date: Today _____

