SLP BLAINE | FRIDLEY SPRING LAKE PARK

SPRING LAKE PARK SCHOOLS

HEALTH SERVICES

Youth Seizure Action Plan & Parent Questionnaire

Individual Health Plan

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

GENERAL INFORMATION

Name: _____ Date of birth: _____

Emergency contact: _____ Phone number: _____

Provider: _____ Phone number: _____

SEIZURE INFORMATION

Seizure Type	*Length*	*Frequency*	*Description*

Seizure triggers or warning signs: _____

Response after a seizure: _____

TREATMENT PROTOCOL *(include daily and emergency medications)*

Emergency Med?	*Medication*	*Dosage & Time of Day Given*	*Route of Administration*	*Common Side Effects & Special Instructions*

Does child have a Vagus Nerve Stimulator (VNS)? YES NO

If YES, describe magnet use: _____

BASIC FIRST AID: CARE AND COMFORT

Please describe basic first aid procedures: _____

Does person need to leave the room/area after a seizure? YES NO

If YES, describe process for returning: _____

Basic seizure first aid:

- Stay calm & track time
- Keep person safe
- Do not restrain
- Do not put anything in mouth
- Stay with person until fully conscious
- Record seizure in log
- For tonic-clonic (grand mal) seizure:
  - Protect head
  - Keep airway open/watch breathing
  - Turn person on side

EMERGENCY RESPONSE

A "seizure emergency" for this person is defined as: _____

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- ☐ Call 911 for transport to
- ☐ Notify parent or emergency contact
- ☐ Notify doctor
- ☐ Administer emergency medications as indicated below

A seizure is considered an emergency when:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- There are repeated seizures without regaining consciousness
- It's a first-time seizure
- The person is injured or has diabetes
- The person has breathing difficulties
- The seizure is in water

SEIZURE INFORMATION

1. When was the child diagnosed with epilepsy? _____
2. Will the child need to leave the classroom after a seizure? YES NO
   If YES, describe best process for returning the child to the classroom: _____
3. How often does the child have a seizure? _____
4. When was the child's last seizure? _____
5. Has there been any recent change in the child's seizure patterns? YES NO
   If YES, please explain: _____
6. How do other illnesses affect the child's seizure control? _____
7. What medication(s) will the child need to take during school hours? _____
8. Should any of these medications be administered in a special way? YES NO
   If YES, please explain: _____
9. Should any particular reaction be watched for? YES NO
   If YES, please explain: _____
10. What should be done when the child misses a dose? _____
11. Should the school have backup medication available to give the child for missed dose? YES NO
12. Do you wish to be called before backup medication is given for a missed dose? _____

_____

SPECIAL CONSIDERATIONS AND PRECAUTIONS

Check any special considerations related to the child's epilepsy while at school. *(Check appropriate boxes and describe the impact of the child's seizures or treatment regimen)*

- ☐ General health: _____
- ☐ Physical functioning: _____
- ☐ Learning: _____
- ☐ Behavior: _____
- ☐ Mood/coping: _____
- ☐ Other: _____
- ☐ Physical education (gym)/sports: _____
- ☐ Recess: _____
- ☐ Field trips: _____
- ☐ Bus transportation: _____

GENERAL COMMUNICATION

What is the best way for us to communicate about the child's seizure(s)?: _____

Does the child have permission to contact their provider? YES NO

Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Parent Signature: _____ Date: _____ Dates Updated: _____, _____

Provider Signature: _____ Date: _____

ADDITIONAL INSTRUCTIONS

_____

_____

_____

_____

_____

ADDITIONAL INSTRUCTIONS CONTINUED...