PELHAM SCHOOL DISTRICT SEIZURE DISORDER – Emergency Care Plan

Father:	F Home #: _	F Work #:	M Cell #: F Cell #:
Emergency Contact:			
		Polationship:	
SYMPTOMS OF A SEIZURI		neialionsilip	Phone:
	E MAY INCLUDE A	NY/ALL OF THESE:	
☐ Tonic-Clonic Seizure: S	ymptoms may inclu	de an aura, muscle rigidity, follo	owed by
-	,	onsciousness), biting the cheek r bowel control, difficulty breathi	6. 1 .
☐ Simple Focal Seizure: T	he person will rema	nin conscious but experience un	usual
_	, anger, sadness, o	, may experience sudden and r nausea. He/she also may hea	r, smell,
☐ Complex Focal Seizure:	The person has a	change in or loss of consciousn	ess. His or her consciousness may
repetitious behaviors such as movements are called autom involuntarily. Patients may al	s blinks, twitches, matism. More compliso continue activities	icated actions, which may seem	ing in a circle. These repetitious n purposeful, can also occur re began, such as washing dishes ir
☐ Absence: Symptoms ma	y be brief lasting or	lly a few seconds and occur sev	veral times a day. During the seizure
few seconds later. Specific s	ymptoms of typical		n mid-sentence and start again a changes in muscle activity (hand and lack of awareness)
STAFF MEMBERS INS	TRUCTED:	☐ Classroom Teacher(s)	☐ Special Area Teacher(s)
☐ Administr	ation	☐ Support Staff	☐ Transportation Staff
Place student on side if po	ssible, speak to sturvices (911) should	ury. DO NOT PUT ANYTHING I dent in reassuring tone. Stay wi be called, student transported t	ith student until help arrives to hospital
□Emergency medication t	o be given by Nurse	at onset of seizure	
□Student should be allowed	ed to rest following	seizure, call parent	
-		e on bus ☐ Medication NOT ava	ilable on bus Does not ride bus
Healthcare Provider:			
Written by:			
_ ^	vided to Parent	1 1 0	and the Date Colors

This plan is in effect for the current school year and summer school as needed.