

## Individualized Seizure Health Care Plan

### What Are Seizures?

Seizures are a neurological condition caused by disruptions of normal brain activity. Damage to brain cells disrupts the normal activity in the brain causing many parts of the brain to start electrical activity. This creates seizures and symptoms that vary from momentary lapse of attention to convulsions. There are many different types of seizures and a few of them are hard to recognize.

### Signs and Symptoms of Seizures for the Student Are the following:

- Sudden falls for no reason
- Lack of response to noise or spoken words for brief periods (15-30 seconds)
- Dazed and confused periods
- Unusual sleepiness and irritability in the morning
- Head nodding
- Rapid blinking and staring
- Complaints from the student that things look, sound, taste, smell, or feel funny
- Sudden muscle jerks
- Body stiffens with extension of legs and back
- Excess salivation
- Involuntary passing of urine or feces
- Complains about feet and knee hurting
- Facial twitching

### What to Do for a Seizure

- 1) Remain calm
- 2) Protect from further injury. (Protect the head by placing something soft under it. Loosen tight neckwear and move sharp, hot, or hard objects away. If the student is in danger of falling lower the student into a lying position)
- 3) Do not place anything in the student's mouth or hold the student down
- 4) If the student appears to be choking, ready to vomit, or the seizure has subsided, roll the person on their side to keep an open-air passage
- 5) After the seizure talk gently to the student. (Comfort them and reorient them, because the student may be confused)
- 6) Allow the student to rest

### Call 911 if:

- 1) Seizure lasts more than 5 minutes
- 2) The student has no history of seizures
- 3) The student is still unresponsive after the seizure
- 4) A second seizure occurs after the first one without responsiveness in between seizures
- 5) Student has any injuries from the seizure
- 6) The student stops breathing or does not regain breathing after the seizure

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**Triggers This Student May Have That Cause Seizures**

- Flashing lights (arcades, strobe lights, etc.). Please list: \_\_\_\_\_
- Infection (flu, cold, or allergies). Please list: \_\_\_\_\_
- Medications (i.e. starting a new medication or medication is not given on missed).  
Please list: \_\_\_\_\_
- Other. Please list: \_\_\_\_\_  
\_\_\_\_\_

**Medications Taken for Seizures**

- Oral medications. Please list: \_\_\_\_\_  
\_\_\_\_\_
- Other. Please list: \_\_\_\_\_  
\_\_\_\_\_

**Parent Description of the Type of Seizures the Student Has:**

**Parent Suggestions for Seizure Management:**