

Date Plan was Developed: _____

School Year: _____

Elma School District – Building: _____

SEIZURE
Emergency Care Plan

Student Name: _____ DOB: _____ Student Picture _____

Parent/Guardian: _____	Home Phone: _____	Work Phone: _____
Emergency Contact: _____	Home Phone: _____	Work Phone: _____
Emergency Contact: _____	Home Phone: _____	Work Phone: _____
Physician: _____	Phone: _____	
Preferred Hospital: _____		
Current Medication: _____		
Allergies: _____		

TYPES OF SEIZURES

Grand Mal <i>(Also known as Tonic-Clonic)</i>	Petit Mal <i>(Also known as Absence Seizures)</i>	Psychomotor <i>(Arise from the frontal or temporal regions of the brain)</i>
Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body. Comments: Usually lasts 2-5 minutes	Staring spells. May drop an object s(he) is holding or may stumble momentarily. Comments: Usually lasts 2-5 minutes	Some degree of impairment of consciousness- may or may not be accompanied by automatic movements like lip smacking, roaming, and <u>non-goal oriented activity.</u> Comments: May last several seconds or minutes

IF YOU SEE THIS	DO THIS	TIME Initial
Grand Mal Seizure:	Keep Calm Call Main office for notification of school nurse Do not restrain the student Clear area around student so that (s)he doesn't injure self Do not force anything into the student's mouth If child is choking, turn his/her body to the side Time seizure When seizure is over, have student to rest in a comfortable position Notify parents of seizure Record observations of seizure activity (movement of body, duration of seizure)	
IF: 1. Emergency is life threatening. 2. No history of previous seizure. 3. Consciousness does not return at the end of a seizure. 4. A second seizure occurs shortly after the first one without gaining consciousness in between. 5. The seizure does not end in 5 minutes. 6. If student is a diabetic, pregnant, has a head injury, high fever or is poisoned.	Call (9)-911 Notify main office in your building Secretary to assist with nurse/parent contact- EES: 1170/ 1169 (Nurse) EMS: 2110/ 2113 (Health Office) EHS: 3103/ 3109 (Nurse)	
Petit Mal and Psychomotor Seizure:	Notify the parent. No first aid is needed if no injury. Record and report to teacher.	
Note time of arrival and departure of ambulance; complete this form, initial, and send a copy of form with the ambulance.		

My signature below indicates my involvement in and agreement with the above emergency care plan:

1. _____ 2. _____ 3. _____

_____ Parent/Guardian Signature	_____ MD/HCP Signature	_____ School RN Signature
_____ Date	_____ Date	_____ Date