



OCEAN VIEW SCHOOL DISTRICT
Student Services/Health Services



Questionnaire for Parents of Child with a Seizure Disorder

Please print:

School Year: \_\_\_\_\_ Date: \_\_\_\_\_
Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_
Parent Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_
Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

You have notified the school that your child has a seizure disorder. The following information will be helpful to your child's school nurse and school staff in determining any special needs for your child. Please answer to the best of your ability and return this form to the school office. Thank you!

Nurse's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
School Fax: \_\_\_\_\_

Seizure History

1. Seizure Description:

- Seizure type: \_\_\_\_\_
Date of last seizure: \_\_\_\_\_
Predictable frequency? Yes [ ] No [ ]
Usual frequency (fill in appropriate number) \_\_\_\_\_ per day \_\_\_\_\_ per week
\_\_\_\_\_ per month \_\_\_\_\_ per year
My child's seizures last \_\_\_\_\_ seconds \_\_\_\_\_ minutes

2. My child's seizures occur: \_\_\_\_\_ anytime \_\_\_\_\_ morning \_\_\_\_\_ afternoon
\_\_\_\_\_ evening \_\_\_\_\_ night \_\_\_\_\_ while asleep \_\_\_\_\_ other

3. The following seems to trigger seizures: \_\_\_\_\_ illness \_\_\_\_\_ light
\_\_\_\_\_ missed medications \_\_\_\_\_ lack of sleep \_\_\_\_\_ change in diet
\_\_\_\_\_ restricted activity \_\_\_\_\_ emotional stress \_\_\_\_\_ other

4. My child has an aura (warning) beforehand: \_\_\_\_\_ always \_\_\_\_\_ usually
\_\_\_\_\_ sometimes \_\_\_\_\_ does not

My child's aura before a seizure is: \_\_\_\_\_

5. My child's seizures look like: \_\_\_\_\_

6. After a seizure, my child: \_\_\_\_\_

May child takes \_\_\_\_\_ minutes to resume activities.

7. Please list the medications your child receives:

\_\_\_\_\_ Daily [ ] As needed [ ]
\_\_\_\_\_ Daily [ ] As needed [ ]
\_\_\_\_\_ Daily [ ] As needed [ ]



PARENT/GUARDIAN AND AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR TREATMENT

Name of Student: Birth date: Grade/Track: School/District: Teachers Name:

California Education Code Section, 49423.5 allows the school nurse to train monitor and supervise non-medical school personnel to assist students who require treatment during the school day. This service is provided to enable the student to remain in school and to maintain, or improve his/her potential for education and learning. I request that the following treatment(s) be administered to my child as ordered by the authorized health care provider: I understand that designated non-medical school personnel will administer treatment under supervision of a qualified School Nurse. I will notify the school immediately and submit a new authorization form if there are ANY changes in the treatment and/or prescribing authorized health care provider. I give permission for the school nurse to exchange treatment related information with the authorized health care provider. The school nurse may counsel appropriate school personnel regarding the treatment and its possible reactions. Parent/Guardian Signature: Date: Telephone: (Work) (Home) (Other)

AUTHORIZED HEALTH CARE PROVIDER REQUEST FOR TREATMENT

Treatment: Routine Seizure Care

Time schedule and/or indication:

Precautions, possible untoward reactions, and recommend intervention(s):

Nursing practice standards will be used for the above stated treatment UNLESS there are specific modifications or recommendations needed as checked below:

( ) a. Implement the treatment using nursing practice standards along with the following modifications:

( ) b. Implement the treatment using nursing practice standards along with my attached recommendations.

Authorized Health Care Provider Signature:

Telephone:

Date of Request:

Date to Discontinue Treatment:

Office Stamp



SCHOOL USE



## ROUTINE SEIZURE CARE

### I. GENERAL INFORMATION

- A. This procedure has been developed in accordance with the American Epilepsy Society's guidelines for routine seizure care. Students may have more specific plans of care designated in their Individualized School Healthcare Plans.
- B. A seizure is a brief disruptive discharge of electrical impulses in the brain. It can affect the whole brain and disrupt consciousness, or just part of the brain, in which case consciousness may or may not be affected.
- C. Signs and symptoms vary according to the type of seizure a person experiences. Certain parts of the brain control different body functions. The function of the body that is affected is related to the part of the brain involved in the seizure.
- D. The International Classification of Seizures identifies two major groupings (generalized and partial) of seizures and over thirty different types of seizures. The most common seizure types seen are described below. For further information, refer to the *Resource Section* of this manual.
  - 1. Generalized
    - i. Tonic-clonic seizure (Grand Mal): Loss of consciousness accompanied by falling, stiffening and jerking movements (average time is 1 – 3 minutes); breathing is shallow or absent; and skin possibly pale or bluish. Refer to the *ROUTINE SEIZURE CARE* procedure.
    - ii. Absence seizure: Brief lapses of consciousness (1 to 4 seconds, like daydreaming) that begin and end abruptly. No first aid needed; reassure student and give support. Repeat classroom information that may have been missed.
  - 2. Partial
    - i. Partial seizure: Consciousness unimpaired; uncontrollable changes in mood, sensation, and/or movement (such as twitching of a body part). If first aid needed, refer to the *ROUTINE SEIZURE CARE* procedure.
    - ii. Complex partial seizure: Impaired consciousness accompanied by confusion and uncontrollable automatic movements (such as wandering about, touching things, etc). May strike out if abruptly restrained. Lack of responsiveness may be misinterpreted as a behavior problem. Refer to the *ROUTINE SEIZURE CARE* procedure.
- E. Status Epilepticus can occur when there is a series of seizures without complete recovery in between or a single seizure lasting more than thirty minutes. During a prolonged convulsive seizure, depletion of oxygen, blood flow, and nutrients to the brain occurs. Each student's physician needs to define what would represent a status seizure for that particular student.
- F. Regular use of medication controls seizures in the majority of cases. Rectal medication may be ordered in case of a status seizure. The parent/careprovider

must immediately report to the school nurse any medication changes at home or school. If medication is required at school, *Parent/Guardian and Physician Request for Medication* must be completed.

- G. Parent/careprovider must complete the **Seizure History** form to assist the school nurse in developing an ISHP.
- H. Procedure will be fully discussed with parent/careprovider. Notify parent/careprovider and school nurse of seizure activity.

## II. PERSONNEL

- A. School nurse.
- B. Designated school personnel in accordance with CEC 49423.5.



# ROUTINE SEIZURE CARE

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

PROCEDURE	
ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>1. Keep calm.</p> <p>2. Provide reassurance and emotional support to the student as needed.</p> <p>3. If student is in a wheelchair and a tonic-clonic seizure occurs, take the student out of the wheelchair unless they are determined to be safer in the wheelchair. Assist student to a side-lying position to keep airway clear and clear from all secretions. Loosen student's clothing. Remove student's glasses.</p> <p>4. Clear the area around the student so that student does not get injured on hard or sharp objects. Place padding under head to prevent injury.</p>	<p>The student is usually not suffering or in danger.</p> <p>Determinants include issues such as:</p> <ul style="list-style-type: none"> <li>-fragile bone diseases</li> <li>-padding in the wheelchair</li> <li>-ability of school personnel to transfer student out of the wheelchair safely and quickly</li> <li>-location variability's, etc.</li> </ul> <p>Maintain safety and supervision of other students in the classroom.</p>
<p>5. Do not restrain the student's movement. Do not force anything between the teeth or place anything in the mouth.</p>	<p>Restraining or objects in the mouth may cause further injury. Bleeding from the mouth may occur due to biting of the tongue during the seizure; ensure open airway.</p>
<p>6. Call 911 if the following occurs:</p> <ul style="list-style-type: none"> <li>a. Seizure continues for more than 5 minutes.</li> <li>b. Breathing is absent after muscle jerks subside.</li> <li>c. There is no known history of seizures.</li> <li>d. If there is an increase in the severity of usual seizure activity.</li> <li>e. Respiratory distress or injury.</li> </ul>	<p>Risk for aspiration may occur if a seizure occurs while student is eating or while involved in water activities. Observe for signs of respiratory distress. Notify parent/careprovider and school nurse.</p>
<p>7. Remain next to the student until consciousness is regained. Upon arousal, reassure student, reorient to surroundings, and provide comfort measures as needed. Stay with student until fully recovered.</p>	<p>Student may be awake but groggy. Student may require clothing change due to incontinence or emesis.</p>

ESSENTIAL STEPS	KEY POINTS & PRECAUTIONS
<p>7. Do not give anything to drink or eat during or immediately following a seizure.</p> <p>8. Allow a rest period (e.g., 10 to 30 minutes), then encourage the student to resume regular activities if he/she is able.</p> <p>9. Document seizure activity on the <i>Seizure Record</i>.</p>	<p>Student should be fully awake and able to swallow before eating/drinking to prevent possible aspiration.</p> <p>If student is not able to resume regular activities then parent/careprovider should be called to transport student home.</p>