

Medina Central School District
EMERGENCY CARE PLAN: SEIZURE DISORDER

To Be Completed By Parent

Student: _____ Grade: _____ Teacher: _____ DOB: _____
Mother's Name: _____ Home: _____ Work: _____ Cell: _____
Father's Name: _____ Home: _____ Work: _____ Cell: _____
Parent/Guardian Signature: _____ Date: _____

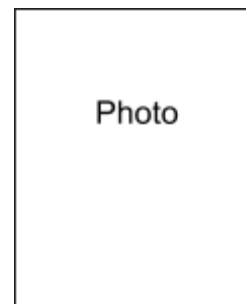
This plan will be shared with district staff on a need to know basis to protect the safety of your child

SIGNS OF A GENERALIZED TONIC CLONIC SEIZURE MAY INCLUDE:

- Sudden loss of consciousness; bladder control may be lost
- Fall to the ground, sometimes with a cry
- Entire body usually becomes rigid, then jerking of the face, trunk and limb ensues
- Breathing may be shallow or may even stop
- When seizure activity stops, the child may be confused, drowsy or complain of headache

IN THE EVENT OF A SEIZURE, STAFF SHOULD:

- Notify nurse
- Clear the area of other students/objects if possible. Note time seizure started.
- Position student on side if possible. Do not restrain or put anything in the mouth.
- If possible, place something soft (blanket, towel) under head for protection. Remove glasses.
- If the seizure lasts **less than _____ minutes**, no other medical assistance is usually needed. Student may be tired.
- If there are multiple seizures or seizure lasts **longer than _____ minutes**, call 911.
- If breathing is shallow or stops, the child's lips or skin may have a bluish tinge, which corrects as the seizure ends.
- In the unlikely event that breathing does not begin again, check the child's airway for obstruction and begin CPR.



INSTRUCTIONS FOR THE BUS DRIVER:

- Pull over and stop bus. Lay student across a double or triple seat-facing away from seat, or in aisle.
- Follow plan above. Driver should notify dispatch per district procedures.
- Dispatch should notify school nurse at the number below if on the way to school.
- **If seizure last over _____ minutes**, ask dispatch to contact 911, then parent. Dispatch will also notify school nurse.

To Be Completed By Health Care Provider

Diagnosis (Type of Seizure) _____
Medication (Dose/Route) _____
*Rectal Medication can only be administered by an RN or LPN under the direction of an RN

Medication administered by nurse at onset of seizure or within _____ minutes

Medication must be available on bus: € No € Yes Medication is needed on field trips: € No € Yes

Use (VNS) Vagal nerve stimulator magnet € NA € Yes _____
Describe use and frequency

Activity Restrictions Needed € No € Yes (explain) _____

Doctor Name (Please Print): _____ Phone: _____ Fax: _____

Doctor Signature: _____ Date: _____

This plan is in effect for the 2020 -2021 School Year

School Nurse: _____ School _____

Phone: _____ Fax: _____ Email _____

Staff Members Instructed: _____

Seizures- Information for Staff

When you see someone having a seizure, do not be frightened. Remain calm and remember:

- If a person starts to bleed from the mouth, s/he has probably bitten the tongue and is most likely not bleeding for any other reason. This can be taken care of after the seizure ends.
- Most seizures last only 1-2 minutes, although the person may be confused for some time afterward. Once a seizure has started, you cannot stop it, just let it run its course. During a seizure, a person often stops breathing for only a few seconds.
- People don't feel pain during a seizure, although muscles might be sore afterward.
- Only in emergencies are drugs used to bring seizures to an end. That is because the person is not breathing regularly and may reduce oxygen intake if it lasts over 3 minutes or is repetitive.

First Aid in the Water

While in the water

- Turn the person face up. Support the face out of the water. Tilt head back to keep airway clear. Get the person out of the water as soon as possible.

Once out of the water

- Place person on their side. Check to see if person is breathing.
- If the person is not breathing, **begin resuscitation promptly. Call an ambulance immediately.** This is essential.

For Persons in Wheelchairs

For someone having a tonic-clonic seizure in a wheelchair

- Do not remove from wheelchair unless absolutely necessary to maintain safety and let the seizure run its course.
- Lock brakes to prevent movement. Fasten seatbelt loosely to prevent from falling from wheelchair.
- Protect and support the head to ensure airway is open. **Do not put anything in the person's mouth.**
- Pad around limbs; remove anything from the area that may cause injury.

After the Seizure

- Remove from wheelchair, lay on side if possible. If not, place the wheelchair in a **partial recline** position. (not full recline)
- Gently turn the persons head to the side to let the saliva flow out of the mouth. Let the person rest or sleep if it is needed. Be reassuring, comforting and calm as awareness returns.

Emergency Signs

Call 911 if you notice any of these warning signals during and/or after a seizure.

- A seizure lasts longer than 5 minutes or starts again after a few minutes. This could be status epilepticus, (a continuous state of seizure) which can be life threatening and requires immediate assistance.
- The person is injured during the seizure.
- The person experiences labored breathing or chest pain.
- Consciousness does not return after the seizure.
- Pupils of the eyes are different sizes or dilated (bigger) after the seizure.

When calling for emergency help, give the following information:

- The type of emergency-seizure (Status Epilepticus)
- Your name, address or location and main intersection and phone number of where you are.
- The telephone number you are calling from. Clear a path to the patient - move furniture and unlock doors. Have someone ready to meet the ambulance, if possible.

When the Ambulance Arrives

- Be prepared to answer the following questions related to: consciousness, breathing, time seizure started and how long seizure has lasted, any injuries, whether or not the person has other health conditions.