INDIVIDUAL HEALTHCARE PLAN FOR SEIZURES
Bartlett City Schools

School: _____ School Year: _____

Student's Name_____ DOB:_____ Grade:_____

Address_____City/State_____Zipcode_____

Emergency Information

Mother_____ Phone_____ Work Phone_____

Father_____Phone_____ Work Phone_____

Neurologist:_____ Telephone: _____

Primary Care Physician: _____ Telephone: _____

In the event a parent/guardian cannot be reached:

1. _____ Relationship: _____ Telephone: _____
2. _____ Relationship: _____ Telephone: _____

Assessment: Student is enrolled in a Bartlett City School and has been diagnosed with Seizures.

Date of diagnosis: _____ Date of Last known Seizure: _____

Will Diastat be kept at school: if Yes where: _____ No:____

Triggers that may bring on a seizure: _____

_____

Signs and Symptoms: (Please check the signs or symptom(s) that occur in your child BEFORE having a seizure)

- ☐ 1. Aura :_____
- ☐ 2.Convulsions or shaking:_____
- ☐ 3. Pallor or skin discoloration
- ☐ 4. Labored (noisy) breathing
- ☐ 5. Dilation of Pupils
- ☐ 6. Loss of Consciousness
- ☐ 7. Slurred /Inappropriate speech
- ☐ 8. Staring/blank gaze/day dreaming
- ☐ 9. Other: _____

Is your child aware of impending seizure activity? _____ YES _____ NO

My child has the following other chronic illnesses/disabilities: _____

_____

Allergies: _____

Child's Limitations or Special Considerations: _____

ALL CURRENT MEDICATIONS

Name of Medication	Dosage and Strength	Purpose	Day Schedule	Time of Day

Nursing Diagnosis:

- Risk for injury from falling during seizure activity
- Risk for fatigue related to: - type of seizure activity - frequency of seizure activity - severity of seizure activity.

Goals:

- The development of a Seizure Individualized Healthcare Plan with the parent.
- The student will (if developmentally able) demonstrate safety measures, when symptoms present prior to seizure, to prevent injury.
- The student will (as developmentally appropriate) assist in the decision-making process regarding health management issues at school.

Nursing Interventions:

- Obtain a Seizure Individualized Healthcare Plan from the parents/guardians and file with medical records.
- Have needed medication available if applicable
- Educate student-specific information on selected school personnel for student: - Type of seizure, treatment regimen, including medication side effects - Precautions, safety issues - Vegas nerve stimulator magnet application if applicable - Seizure log documentation - First aid care for immediate and recovery care - Emergency plan of care.

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Expected Outcome:

- The student will have an Individualized Healthcare Plan for Seizures on file with medical records.
- The student will be monitored and protected as not to sustain an injury during seizure while at school.
- The staff will be knowledgeable in safety procedures, emergency plan, and student triggers.
- Medication will be easily accessible if kept at school.

Evaluation:: Plan will be evaluated yearly.

Emergency Plan: **Procedure for a student having Seizures at school:**

- Remain calm, check start time
- Position the student on the floor on their side
- Provide for privacy
- Protect the students head
- Loosen and tight clothing around the neck.
- DO NOT hold or restrict movements
- DO NOT place anything in the mouth
- Observe for signs of seizure changes such as breathing, skin color, or other reactions.
- Continue to monitor airway, breathing, and circulation. Be prepared to provide CPR, in the event that the student stops breathing.
- Note the time the seizure started and ended.
- Note what preceded the seizure. If there were any behavior changes, cry, yell, movements, color, respirations, eye position, tongue biting.
- Notify Parent of seizure activity. Parent wants to be called:_____

Emergency Action Plan:

- Follow procedure for seizure, Contact an administrator and parent.
- **If during or after a seizure, the student's condition deteriorates** (lacks the ability to regain consciousness, lips turn blue, Diastat administered, etc) **call 911 immediately**.
- Continue to monitor students breathing and general condition. Be prepared to take appropriate action such as CPR/rescue breaths until help arrives.

Procedure for Diastat Rectal Gel (If applicable)

- Ensure Privacy
- Expose rectum for administration of gel
- Remove protective cover from the medication syringe and lubricate the rectal tip with lubricating jelly.
- Turn student on his/her side to face the nurse
- Bend the upper leg forward and separate the buttocks to expose the rectum
- Gently insert the syringe tip into the rectum
- The rim should be snug against the rectal opening
- Slowly count to three while gently pushing the plunger until it stops
- Slowly count to three before removing the syringe
- Slowly count to three and hold the buttocks together to prevent leakage.
- Keep student on his/her side, facing the nurse.
- Note the time the medication was administered.
- Observe for signs of seizure changes such as breathing, skin color, or other reactions.
- Continue to monitor airway, breathing, and circulation. Be prepared to provide CPR, in the event that student stops breathing.

I understand that it is my responsibility to keep this information current. Please notify school nurse of changes and provide an update/current form on at least an annual basis. Signature indicates permission to distribute of this plan to appropriate staff.

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____RN Date:_____