



Student Services

# Health Care Action Plan—Seizure Disorder

Please return form to: \_\_\_\_\_  
School \_\_\_\_\_ Fax \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Brief Health History** (include age at time of onset, how often, how long, what precipitates, any aura)

**Description of Seizure**

**Medications/Dose/Time**

**Restrictions/Precautions**

**Interventions:**

1. Time seizure and be able to describe the seizure (type, body parts involved, incontinence, disorientation period). 2. Ease to the floor. Loosen collar and any binding clothes.
3. Do not restrain. Keep from hurting self by moving furniture and objects away from body. 4. Place on side to accommodate flow of saliva and maintain an open airway.
5. Do not place a tongue blade or any other object in mouth.
6. If seizure activity ceases and child is able, then assist to Health Office for rest.
7. If seizure lasts beyond about 5 minutes, call 911, school nurse, and parent.

**Goals**

- Prevent injury and aspiration during seizure.
- Promote positive self esteem.
- Teach importance and benefits of treatment regimen.

I give permission for the information contained on this HCAP to be shared with adults in the school setting that will be working with my child on a need-to-know basis. This HCAP will remain in effect for one year or until the health status or physician's orders change. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student's health status or care.

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider

\_\_\_\_\_  
Date

## Seizure Emergency Care Plan and Medication Orders for School or Care Settings

### PARENT/GUARDIAN to complete, SIGN and DATE Below

|                          |             |
|--------------------------|-------------|
| Child/patient Name:      | Birth date: |
| Parent/Guardian Contact: | Phone:      |
| Emergency Contact:       | Phone:      |
| School:                  | Grade:      |

Triggers:  tiredness  illness  temperature  Other: \_\_\_\_\_

Seizure Warning (aura) if any: \_\_\_\_\_

Has patient ever received rescue medication before? \_\_\_\_\_ Date: \_\_\_\_\_

| Antiseizure Medications Taken at Home | What side effects does this patient experience? |
|---------------------------------------|---|
|                                       |   |

Is patient being treated with a ketogenic diet therapy for epilepsy?

No  Yes, family will arrange or discuss plans for school meals and snacks.

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our care team. I take full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

|                           |      |                      |      |
|---------------------------|------|----------------------|------|
| Parent/Guardian Signature | Date | Nurse/CCHC Signature | Date |
|---------------------------|------|----------------------|------|

### HEALTH CARE TEAM to complete, SIGN and DATE Below.

| IF YOU SEE THIS:  | DO THIS:  |
|---|---|
| <input type="checkbox"/> <b>Convulsive Generalized Tonic Clonic:</b> These seizures may begin with a warning (aura). The patient will lose consciousness. You may see stiffening of the body or rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. Sleepiness and confusion may occur after the seizure. | <b>FOR CONVULSIVE SEIZURES ONLY:</b> <ol style="list-style-type: none"> <li>1. Time the seizure and record observations.</li> <li>2. Keep calm. Provide reassurance. Remove bystanders.</li> <li>3. Protect head, keep airway clear, turn on side.</li> <li>4. Do not restrain or place anything in mouth.</li> <li>5. Call 911 if patient is injured or has difficulty breathing.</li> <li>6. Call guardian.</li> <li>7. Stay with patient until recovered from seizure.</li> </ol> <b>Administer rescue treatments as marked below.</b> |
| <input type="checkbox"/> <b>Focal:</b> These seizures often begin with a warning (aura). The patient may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 mins. Sleepiness and confusion may occur after the seizure.                |   |
| <input type="checkbox"/> <b>Absence:</b> The patient may have sudden changes in alertness. You may see eye flutter or small twitching. Usually last less than 10 secs. These are not an emergency unless clustering for more than 10 minutes without return to baseline.  |   |
| <input type="checkbox"/> <b>Febrile seizures:</b> The patient may not be on a daily antiseizure medication. Seizures may occur at the beginning of an illness and can appear similar to other seizure types. Preventative treatment with antipyretics does not reduce incidence.  |   |
| <input type="checkbox"/> OTHER: please describe: _____<br>_____<br>_____  |   |
| <input type="checkbox"/> Child has a history of psychogenic non epileptic events (if selected please provide separate documentation for clarification, these do not require rescue treatments)  | <b>FOR ALL OTHER SEIZURE TYPES (BESIDES CONVULSIVE):</b> <ol style="list-style-type: none"> <li>1. Time the seizure and record observations.</li> <li>2. Gently guide patient away from danger.</li> <li>3. Stay with patient and reassure them until recovered from seizure.</li> <li>4. Do not treat staring that is stopped by a touch/nudge.</li> <li>5. Call guardian.</li> </ol> <b>Administer rescue treatments as marked below.</b>   |

### RESCUE TREATMENTS:

Implantable devices:

does patient have an implantable device? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**If convulsive seizure lasts longer than 5 minutes, or focal seizure >10 minutes administer:**

- Diastat: rectally \_\_\_\_\_ mg  can give second Diastat dose if seizures continue after \_\_\_\_ minutes.
- Nayzilam nasally \_\_\_\_\_ mg  can give second Nayzilam dose if seizures continue after \_\_\_\_ minutes.
- Midazolam nasally \_\_\_\_\_ mg to administer half in each nostril. can give second nasal midazolam dose if seizures continue after \_\_\_\_ minutes
- Valtoco nasally \_\_\_\_ mg  can give second Valtoco dose if seizures continue after \_\_\_\_ hours

Multistep seizure rescue plan – Please see attached letter for details.

**OR If cluster of \_\_\_\_ or more seizures in \_\_\_\_ minutes, administer:**

- Clonazepam \_\_\_\_\_ mg
- Diastat: rectally \_\_\_\_\_ mg
- Nayzilam nasally \_\_\_\_\_ mg  can give second Nayzilam dose if seizures continue after \_\_\_\_ minutes
- Midazolam nasally \_\_\_\_\_ mg to administer half dose in each nostril
- Valtoco nasally \_\_\_\_ mg  can give second Valtoco dose if seizures continue after \_\_\_\_ hours

Multistep seizure rescue plan – Please see attached letter for details.

[ ] Call 911 immediately if emergency medication is administered

[ ] Call 911 if seizure does not stop within \_\_\_\_ min of giving medication.

**Does patient have photo-sensitive epilepsy (ie. can flashing lights trigger seizures)? \_\_\_\_ (Y/N)**

**Accommodations:** Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDER'S NAME

PHONE/FAX

DATE