

**Hempstead Public Schools**  
**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: \_\_\_\_\_

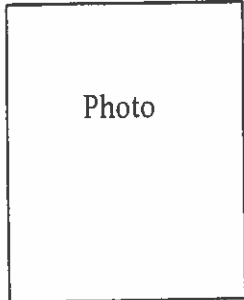
This plan will be shared with district staff on a need to know basis to protect the safety of your child

**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 201\_\_-201\_\_ School Year

School Nurse: \_\_\_\_\_ School \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_  
Staff Members Instructed: \_\_\_\_\_

Student's Name \_\_\_\_\_

Seizure Protocol During a School Day

At onset of seizure, immediately note time

Call school nurse (\_\_\_\_\_)

Assist student to the floor, if needed

Clear area around student to avoid injury

**DO NOT PUT ANYTHING IN STUDENT'S MOUTH**

Place student on side, if possible.

- Does not require medication to stop the seizure
- The student requires medication during bus transportation
- The student requires medication before and after school activities.
- Administer medication to stop the seizure within \_\_\_\_\_ minutes of the seizure

Name of medication: \_\_\_\_\_

Directions of medication: \_\_\_\_\_

Call 911 if seizure lasts > \_\_\_\_\_ minutes

Notify parent

Note time seizure ends

**NOTE: After seizure, student will appear extremely lethargic DO NOT CONTINUE TIMING SEIZURE SINCE THIS IS NOT SEIZURE ACTIVITY**

**EMERGENCY Contact Info:**

\_\_\_\_\_  
Name of Neurologist: \_\_\_\_\_ Tel # \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

\_\_\_\_\_  
Signature of MD/NP/DO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of MD/NP/DO

Place stamp here:

\_\_\_\_\_  
Signature of Parent/Person in Parental Relation

\_\_\_\_\_  
Print Name of Parent/Person in parental relation