SPECIALIZED PHYSICAL HEALTH CARE SERVICES
SEIZURES

Student Name _____ **Birthdate** _____
Parent/Guardian **Phone**

PARENT REQUEST/AUTHORIZATION FOR SERVICES

Specialized physical health services means those health services prescribed by the student's licensed physician requiring medically related training for the individual who performs the services and which are necessary during the school day to enable the student to attend school. These services include catheterization, gastric tube feeding, suctioning, or other services that require medically related training. **(Education Code 49423.5)** Authorizes that any pupil who is required to take, during the regular school day medication prescribed form him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement. **(Education Code 49423)**

I request that my child receive specialized physical health care in as ordered with the instructions of his/her physician in accordance with state laws and regulations. I request medication be administered to my student and agree to hold Hemet Unified School District, it's officers or employees harmless form all liability or claims which might arise out of these arrangements. I give permission to contact the physician for consultation as needed. I understand that all medication will be destroyed at the end of the school year.

_____ _____
Signature of Parent/Guardian Date

PHYSICIAN'S ORDER FOR TREATMENT

1. Medical Diagnosis: **Seizure Disorder Type** (Check ✓ specific diagnosis below)

Absence ❑ Atonic ❑ Tonic–Clonic ❑ Simple Partial: Involving muscles ❑ Complex Partial ❑ Involving senses ❑

Student Specific signs of seizure activity may include: _____

_____

2. Anti-Seizure Medication at home? ❑ Yes ❑ No if yes, list: _____

Anti-Seizure Medication needed at school? (for all emergency anti-seizure medications: fill out section 6)
❑ Yes ❑ No if yes, list _____
(if needed at school, separate forms/orders must be completed)

3. If any seizure activity occurs, follow Standard Plan of Action for Seizures/Emergency Medication attached.
❑ Follow with modifications _____
_____
(list modifications here or on the attached Standard Plan of Action for Seizures)

4. **EMERGENCY RESPONSE**: **9-1-1 will be called** If Seizure lasts longer than 5 minutes, successive seizures, respiratory distress, and/or according to "Standard Plan of Action For Seizures."

OR Do Not Wait, Call 9-1-1 immediately ❑ (if checked, by physician)

5. Additional Student Specific Information: _____
_____

6. **EMERGENCY ANTI-SEIZURE MEDICATION ADMINISTRATION AT SCHOOL ❑ Yes ❑ No**

Administer: Separate Medication Form is required

- ❑ **Diastat (Diazepam Rectal Gel) _____ MG rectally for _____ (type) seizures lasting > _____ minutes and/or > _____ (#/cluster) seizures in _____ hours**
- ❑ **Other:_____ for _____ (type) seizures lasting > _____ minutes and/or > _____ (#/cluster) seizures in _____ hours**

Possible Adverse Reactions and Interventions: _____
If the child has a known pre-existing respiratory condition, Emergency Anti-Seizures Medication may be given but it may increase the risk for respiratory compromise.

LICENSED PHYSICIAN'S NAME, ADDRESS, AND PHONE	SIGNATURE: _____ NPI NUMBER: _____ DATE: _____

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Student Name: _____ DOB _____

STANDARD PLAN OF ACTION FOR SEIZURES
Emergency Medications Protocol

ESSENTIAL STEPS		KEY POINTS & PRECAUTIONS
1.	Remain with student and send another student or staff member for help.	Alert Health Technician/Health Instructional Aide as needed. Access and follow doctor's orders if any.
2.	Remain calm! No one can stop a seizure once it starts.	Seizures are not typically life threatening.
3.	Note time seizure activity started, part of body involved, type of movement, any injury, any breathing problems and skin color.	If injury or breathing problems. Call 9-1-1.
4.	Clear room of other students and provide as much privacy as possible.	
5.	Protect student's head from injury by placing folded blanket, towel or jacket under head.	Remove hard or dangerous objects so student will not be injured by them.
6.	If needed, assist student to lie down on his/her side to keep airway clear from saliva and vomit.	Loosen tight clothing, if needed. Remove glasses if needed.
7.	Do not attempt to hold down or restrain student's movements. It is OK to gently guide the student to protect from danger.	Restraining movements can cause fractures, bruising, and/or combative behavior.
8.	Do not place objects, food, drink or medication in mouth.	This can cause aspiration, vomiting, broken teeth, and/or bitten tongue.
9.	Do not move student if injury has occurred.	i.e., possible head injury.
10.	Stand by until the person has fully recovered consciousness and the seizure ends/or paramedics arrive.	Recovery time can extend well beyond actual seizure.
11.	Record observation and care administered on observation and treatment log.	
12.	Allow student to rest. Re-orient student as needed. Reassure student and classmates.	
13.	Notify parent and District Nurse as soon as possible after event.	Parent and District Nurse will jointly decide on next course of action.
15.	Paramedics (9-1-1) should be called if one or more of the following occur: ● Seizure lasts longer than 5 minutes ● If successive seizures occur. ● If respiratory distress occurs. ● If injury suspected, including head injury. ● Seizure occurs in water. ● Seizure occurs on a bus during transport ● Student is diabetic or is pregnant. ● If 1st time seizure/and or no physician orders ● According to physician/ parent request order/plan ● If at any time the situation appears to be life threatening	Transporting student to medical care must be done by paramedics or ambulance as deemed appropriate. Be sure to contact District Health Nurse, Principal and parent in event of this emergency.
16.	If Paramedics called, monitor color and breathing. Commence CPR, if needed, prior to EMS arrival.	

Emergency Medications Protocol

1.	According to Manufacturer's Guidelines, DIASTAT (diazepam rectal gel) cannot be given more than once every five (5) days and not more than five (5) times per month. Parent must notify designated school staff anytime emergency anti-seizure medication is given at home. Manufacturer's Guidelines recommend student be observed for four (4) hours after administration of emergency anti-seizure medication. Student must be transported home by parent or transported to hospital for the required four (4) hour observation following administration of emergency anti-seizure medication at school. If the student receives anti-seizure medication prior to school or bus transport, they must be monitored at home for 4 hours after administered and cleared by the District School Nurse prior to coming to school.
2.	When administering Diazepam Rectal Gel or other Emergency Medications, follow Manufacturer's Instructions. For other routes of administration/medications prescribed, District School Nurse will provide training on standard procedures.
3.	CALL 9-1-1 if emergency anti-seizure medication is administered, or if it cannot be administered based on the Manufacturer's Guidelines.
4.	If the child has a known pre-existing respiratory condition, Emergency Anti-Seizures Medication may be given but it may increase the risk for respiratory compromise.

Student Specific Information: _____
_____