



## School District Letterhead

### 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:

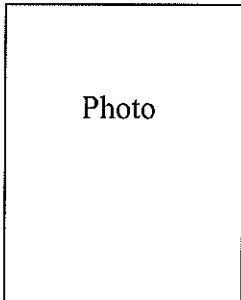
- Sudden loss of consciousness; bladder control may be lost
- Fall to the ground, sometimes with a cry
- Entire body usually becomes rigid, then jerking of the face, trunk and limb ensues
- Breathing may be shallow or may even stop
- When seizure activity stops, the child may be confused, drowsy or complain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