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

PARENT/GUARDIAN complete and sign the top portion of form

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

Place child's photo here

☐ 504 Plan ☐ IEP

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 health care provider. I assume 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

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HEALTH CARE PROVIDER to complete, SIGN and DATE below.

Triggers: ☐ tiredness ☐ flashing lights ☐ illness ☐ hunger ☐ temperature ☐ other**:**_____
Seizure warning (aura) if any: _____
Seizure history: ☐ Convulsive ☐ Focal ☐ Absence ☐ Febrile Seizures ☐ Other:_____
Date of last known seizure:_____
Describe seizure:_____
Has child ever received rescue medication before? _____**Date:**_____

Antiseizure Medication 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**.

IF YOU SEE THIS:	**DO THIS:**
☐ **Convulsive Generalized Tonic Clonic**: You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.	1. Time the seizure. 2. Keep calm. Provide reassurance. 3. Protect head, keep airway clear, turn on side if possible. 4. Do not place anything in mouth. 5. Call 911 if student is injured or has difficulty breathing. 6. Call parent/guardian. 7. Stay with student until recovered from seizure. **Administer rescue treatments if indicated on page 2.**
IF YOU SEE THIS:	**DO THIS:**
☐ **Focal**: These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 minutes. ☐ **Absence**: You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds. ☐ **Febrile Seizures**: The patient may not be on a daily antiseizure medication. Seizures may occur at the beginning of an illness and can appear similar to any other seizure types. Preventive treatment with antipyretics does not reduce incidence. ☐ **Other**: Please describe:_____ _____ ☐ Child has a history of functional neurological disorders/non-epileptic seizures. If selected, please provide separate documentation for clarification; these do not require rescue treatment.	1. Time the seizure. 2. Gently guide child away from danger. 3. Stay with student and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch or a nudge. 5. Call parent/guardian. **Administer rescue treatments if indicated on page 2.**

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RESCUE TREATMENT:

Implanted Devices:

☐ Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within _____ minutes.

☐ Other – Name of device: _____ Treatment/Action: _____

_____

CONVULSIVE SEIZURES lasting longer than _____ minutes or **FOCAL SEIZURES** lasting longer than _____ minutes administer:

☐ Nayzilam:_____mg nasally. ☐ Can give second Nayzilam dose if seizure continues after _____ minutes.

☐ Midazolam:_____mg nasally. Administer half dose in each nostril. ☐ Can give second Midazolam dose if seizure continues after _____ minutes.

☐ Valtoco:_____ mg nasally. ☐ Can give second Valtoco dose if seizure continues after _____ hours.

☐ Diastat:_____ mg rectally. ☐ Can give second Diastat dose if seizure continues after _____ minutes.

Additional Instructions:_____

CLUSTER SEIZURES of_____or more seizures in _____ minutes, or repeated seizures without return to baseline lasting longer than _____ minutes administer:

☐ Clonazepam _____mg

☐ Nayzilam:_____mg nasally. ☐ Can give second Nayzilam dose if seizures continues after _____ minutes.

☐ Midazolam:_____mg nasally. Administer half dose in each nostril.

☐ Valtoco:_____mg nasally. ☐ Can give second Valtoco dose if seizures continues after _____ hours.

☐ Diastat:_____mg rectally.

Additional Instructions:_____

☐ **Call 911 immediately if emergency medication is administered.**

☐ **Call 911 if seizure does not stop within _____ minutes of giving medication.**

If no emergency medication is at school and the child is experiencing seizures:
Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than _____ minutes.

School District staff must call EMS if a seizure lasts 5 minutes or longer.

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

Accommodations:

☐ Child has activity restrictions. Please describe:_____

Always take seizure emergency care plan and medication ordered and supplied by parent to school activities, sports, and field trips. Provide close adult supervision when swimming or climbing.

_____	_____	_____	_____
Health Care Provider Signature	Print Provider's Name	Phone	Date