Children's Hospital Colorado

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:**
☐ **Convulsive Generalized Tonic Clonic**: 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. ☐ **Focal**: 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. ☐ **Absence**: 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. ☐ **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 other seizure types. Preventative treatment with antipyretics does not reduce incidence. ☐ OTHER: please describe: _____ _____ _____ ☐ Child has a history of psychogenic non epileptic events (if selected please provide separate documentation for clarification, these do not require rescue treatments)	FOR CONVULSIVE SEIZURES ONLY: 1. Time the seizure and record observations. 2. Keep calm. Provide reassurance. Remove bystanders. 3. Protect head, keep airway clear, turn on side. 4. Do not restrain or place anything in mouth. 5. Call 911 if patient is injured or has difficulty breathing. 6. Call guardian. 7. Stay with patient until recovered from seizure. **Administer rescue treatments as marked below.** FOR ALL OTHER SEIZURE TYPES (BESIDES CONVULSIVE): 1. Time the seizure and record observations. 2. Gently guide patient away from danger. 3. Stay with patient and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch/nudge. 5. Call guardian. **Administer rescue treatments as marked below.**
RESCUE TREATMENTS:	
Implantable devices: ☐ does patient have an implantable device? If yes, please describe: _____ _____	

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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