Bellevue School District SEIZURE Individual Health Plan

Name:	_____	Birth Date:	_____	
School:	_____	Grade	_____	

Seizure: A neurological disorder in which there are sudden, uncontrolled electrical disturbance in the brain.	
Date of last seizure: _____	**Description of last seizure:** _____
Warning signs or triggers prior to the seizure? _____	
Is there a prescription for abortive medication? ☐ **YES (see below)** ☐ NO	
MEDICATION IS LOCATED: ☐ Health Room ☐ Classroom ☐ Self-Carry*	
*The health care provider AND parent must provide specific authorization for a student to self-carry.	

EMERGENCY CARE PLAN

DURING A SEIZURE:	**CALL 911 FOR:**
• Always stay with the child. • Position child to avoid choking on saliva, if vomiting during seizure, turn student onto their side. • Protect student from injury, & if possible move student to the floor & move furniture and objects out of the way. • Place something flat and soft under the student's head. • Do not restrain child or put anything in their mouth. • Loosen any tight clothing and remove glasses if applicable. • Remain with child until conscious and no longer confused. • CPR should NOT be given during a seizure	• A seizure lasting longer than _____ **minutes** • *Any* signs of respiratory distress (turns blue/stops breathing) during or after seizure of any length • Slow recovery, a second seizure, or difficulty breathing afterwards • Any signs of injury/illness that could have caused the seizure (head injury, diabetes, heat stroke) • Any significant injury that occurred during seizure Other: _____

MEDICATION ORDERS: *Can be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM.*
IHP can be filled out by School Nurse based on BSD "Medication Authorization Form – 3416P Exhibit A" or other completed provider orders.
**In accordance with RCW 18.79.040, if a registered nurse is on site, they may utilize the nursing process, which includes assessment, specialized knowledge, judgment, and skill in determining plan of care or treatment.*

☐ ***Midzaolam intranasal spray -** Dose: _____ if seizure lasts longer than _____ or student has more than _____ seizures in _____ minutes.

☐ ***Nayzilam (midazolam) intranasal spray -** Dose: _____ if seizure lasts longer than _____ or student has more than _____ seizures in _____ minutes.

☐ ***Valtoco (diazepam) intranasal spray -** Dose:_____ if seizure lasts longer than _____ or student has more than _____ seizures in _____ minutes.

☐ ****Diastat (diazepam) rectal gel -** Dose:_____ if seizure lasts longer than _____ or student has more than _____ seizures in _____ minutes.

☐ **Other**: _____ Dose: _____

***MIDAZOLAM** (Versed) nasal spray,* **VALTOCO** (diazepam) nasal spray, or ***NAYZILAM** (midazolam) nasal spray:

If seizure occurs while at school or during a school-sponsored field trip/outing, licensed School Nurse *or* a nurse-delegated trained school employee will administer the intranasal spray as above and CALL 911. If a nurse-delegated trained school employee *is not on site*, call 911.

****DIASTAT** (Diazepam/Valium) rectal gel: If seizure occurs while at school or during a school-sponsored field trip/outing, licensed School Nurse may administer. If licensed School Nurse *is not present*; CALL 911.

AFTER A SEIZURE:

- Allow student to rest
- Contact parent/guardian; discuss if student should go home, return to class, rest
- Reassure student & gently re-orient as consciousness returns. Student may feel disoriented.
- Document the seizure; length of seizure, what happened before, during & after.
- If other students present during the seizure, reassure them & discuss what happened. Discuss confidentiality, encourage them to support student's privacy & concern of embarrassment.

SELF CARRY, Health Care Provider please check one *(BSD staff has been trained to assist with medication administration):*

☐ **YES**** student may SELF CARRY. ☐ **YES**** student may SELF ADMINISTER.

****Checking "Yes"** indicates that student has been thoroughly instructed in the purpose and appropriate method/frequency of use and/or safe carrying and/or administration of medication. Student/parent/guardian/provider understand the responsibilities of self-carrying and self-administering at school. *Middle and high school students are encouraged to self-carry and self-administer medication as possible.*

☐ **NO**, student MAY NOT self carry. ☐ **NO**, student MAY NOT SELF ADMINISTER.

PROVIDER- PLEASE SEE BELOW FOR AUTHORIZATION AND SIGNATURE

Licensed Health Care Provider's signature:	**Date:**	_____	**Phone:**	_____
_____ *Signature authorizes medication for length of school year*	**School year:**	_____	**Fax:**	_____

PARENT/GUARDIAN/STUDENT (age 18 and older) RESPONSIBILITIES:

- I will notify the school nurse of any changes in health status or healthcare provider instructions.
- I will keep track of expiration dates for the medication(s) and replace if expired or used.
- I will provide prescription medication(s) in original pharmacy container labeled with student name, medication name, strength of medication, dose, and time of administration OR I will provide non-prescription medication in the original container with the student name.
- I understand for "self-carrying" medication, back-up medication in the health room is recommended.
- Students who "self-carry" medication are responsible for carrying medication during school and for all school clubs, activities, sports, field trips.
- If my student attends extended day/childcare, clubs before- and after-school, evening, and summer activities, I will notify the program director of my student's medication and health care needs.

PARENT/GUARDIAN/STUDENT (age 18 and older) - Please check only one box & sign below:

☐ I request that I/my student be allowed to **self-carry and/or self-administer this medication**.

☐ If I do not/my student DOES NOT self-carry, I request that the authorized/trained person(s) at school assist me/my student in taking the medicine(s) described above.

If I/my student has permission to SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION I/my student understands the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount.

I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of any injury resulting from reasonable and prudent administration of medication, the reasonable performance of health care procedures, or the liabilities arising out of self-administration and self-carrying of medication by my student/me. BSD staff have been trained to assist with medication administration.

I accept this Individual Health Plan. *My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.*				
Parent/Guardian/Student (age 18) signature: _____	**Date:**	_____	**Phone:**	_____

INDIVIDUAL CONSIDERATIONS:

Classroom:

- Teacher to inform substitute teachers of the student's Individual Health Plan

Field Trip Procedures: Students who self-carry are responsible for their own medication. Medication and IHP will accompany student during any off-campus activity.

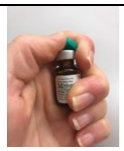
School Nurse: Will notify teachers, other school staff, transportation, and nutrition services of student's IHP

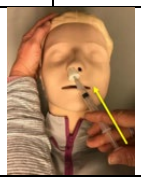
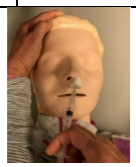
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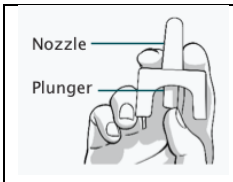
School Nurse: _____	**Email:**	_____@bsd405.org	**Phone:**	425-456-_____
			Fax:	425-456-_____

Updated 2/23/26

EMERGENCY MEDICATION ADMINISTRATION

						
INTRANASAL MIDAZOLAM 1. Gather supplies (inside medication container)	2. Pop the protective cap off the vial.	3. Connect the syringe and needle by twisting or pushing together. Poke the needle into the middle of the rubber seal.	4. Tip the vial upside down so the syringe is on the bottom and the vial's rubber seal faces down. Make sure the tip of the needle is IN the liquid.	5. Pull the plunger back and let the syringe fill with medicine. Fill syringe to the total dose prescribed.	6. Remove needle from vial. Disconnect the needle from the syringe by twisting.	7. Attach the atomizer by twisting it on the end of the syringe.

			
8. Use your free hand to hold the head still. Put tip of atomizer against the nostril aiming slightly up and outward toward the top of the ear.	9. Quickly push the syringe plunger to deliver HALF the medication into one nostril.	10. Move the syringe over to the other nostril and give the rest of the medication into that nostril.	11. Document time you gave the medication and call 911

			
VALTOCO/NAYZILAM 1. Hold nasal plunger with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.	2. Insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.	3. Press the bottom of the plunger firmly with your thumb to give medication.	4. Document time you gave the medication and call 911.

See also BSD Policy/Procedures: 2410 Student Health; 3411 Life Threatening Health Conditions; 3413 Student Immunization and Life-Threatening Health Conditions; 3416 Medication at School; 3418 Emergency Treatment
Other resources: https://www.valtoco.com/sites/default/files/pdf/Instructions_For_Use.pdf; https://www.nayzilam.com/