VOLUSIA COUNTY SCHOOLS

VOLUSIA STUDENT SERVICES
Student Health Services

SAP
Seizure Action Plan

STUDENT INFORMATION

Name: _____ (First Name) _____ (M.I.) _____ (Last Name) **Date of Birth:** _____ (MM,DD,YYYY)

SEIZURE INFORMATION

Seizure Type: _____

Duration: _____

Frequency: _____

What Happens: _____

Daily Seizure Medication: _____

Triggers: _____

Device:

WHEN RESCUE THERAPY IS NEEDED
WHEN & WHAT TO DO

If Seizure
(cluster, # or length) _____

Name of Med/RX: _____

Dosage to give: _____

Route: _____

HOW TO RESPOND TO A SEIZURE

- *First Aid – Keep student safe*
- *Give rescue therapy according to Action Plan*
- *Notify emergency contact*

FIRST AID FOR ANY SEIZURE

- ***Begin timing seizure***
- *Keep student **SAFE** remove harmful objects, don't restrain, protect head*
- ***SIDE –** turn on side if not awake, keep airway clear, **DO NOT** put objects in mouth*
- ***STAY** with student until they are recovered from seizure*
- *Document all details from incident*

WHEN TO CALL 911

- *If emergency medication is administered*
- ***Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available.***
- ***Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available.***
- ***Difficulty breathing after seizure.***
- ***Serious injury occurs or suspected; seizure in water***

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact _____ **Relation** _____ **Address** (Street No., Street Name, City, State and Zip Code) _____

Home Phone No. _____ **Mobile Phone No.** _____

Parent Signature _____ **Date** _____

Provider Signature _____ **Date** _____ **RN Supervisor Signature** _____ **Date** _____

200 North Clara Ave. | DeLand FL. 32720 | (386) 734 -7190

TO BE COMPLETED BY
VCS HEALTH SERVICES STAFF

Individualized Health Care Plan
Epilepsy / Seizure Disorder

Student Name: _____ **Date of Birth:** _____

NURSING ASSESSMENT: **Epilepsy/ Seizures Disorder - Health history of seizures. Monitoring of behaviors observe during seizure activity**

Dx: Code_____

NURSING DIAGNOSIS: **Potential for Injury R/T Uncontrolled movements of seizure activity. Potential for fear related to unknown and loss of control or misconceptions.**

DESCRIPTION: Epilepsy is a recurrent paroxysmal disorder of cerebral function characterized by sudden brief attacks of altered consciousness, motor activity, or sensory phenomena. Convulsive seizures are the most common of attacks, but any recurrent seizure pattern is considered Epilepsy.

GOALS: Prevent injury related to uncontrolled movements associated with seizure activity. Will discuss and identify sources of fear and assist to reduce or eliminate seizures.

SIGNS & SYMPTOMS: Symptoms may vary according to the type of cerebral dysfunction. In some cases the only symptom is a fleeting interruption of consciousness, a twitching limb, an aching stomach or an occasional headache. Grand mal seizures affect the entire brain and proceeds with possible loss of consciousness: falling tonic then clonic contractions of the muscles. The attack may last 2-5 minutes. Petit mal attacks are brief and general seizures with a 10 to 30 second loss of consciousness, eye or muscle fluttering. There may be a period of unconsciousness so brief that neither the student nor the observer would be aware of it. Student may be injured by fall during seizure and disoriented after seizure. Seizures are frightening to other students and this may have detrimental effect on socialization.

MEDICATIONS: Follow Emergency Care Plan as prescribed by provider.

INTERVENTIONS:

- Protect child during seizure activity and educate the staff to appropriate response to seizures.
- Position child on side to prevent aspiration during a seizures.
- Provide first aid and emergency care as needed, follow emergency care plan, and administer medication if ordered.
- Provide documentation of seizures activity on monitoring form if indicated. Communicate with parents as appropriate. Include in documentation date, time, and duration objective facts about seizure activity, behaviors, and observer's name.
- Assess contributing factors to fear, reduce, or eliminate contributing factors, provide education or referral as indicated. Provide emotional support to student and staff.
- Teach student/parent/guardian epilepsy related health issues. Instruct student/parent/guardian on importance of compliance to medication as prescribe. Encourage medic alert identification bracelet.

OUTCOME/ COMMENTS: **Notify parent /guardian as necessary.**

Clinic Signature	Date	RN Supervisor Signature	Date

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