Nyack Public Schools
SEIZURE CARE PLAN

Student Photo

Student: _____ Date of Birth: _____

Physician: _____Phone Number: _____

Parent/Guardian 1: _____ Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian 2: _____ Home #: _____ Work #: _____ Cell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Do we have your permission to call the above physician should questions arise regarding your child's health here at school? Yes No

How long has your child been diagnosed with a seizure disorder? _____

I would describe my child's seizures as:

- ☐ **Simple Partial** -- Remains conscious, twitching or numb sensation, usually lasting less than 30 seconds.
- ☐ **Complex Partial** -- Altered consciousness, transient staring, feelings of unreality and detachment. May have hallucinations, unexplained feelings of fear, disrupted memory, teething grinding, lip smacking, chewing, swallowing, scratching or pulling at buttons. Usually lasts no longer than 1-2 minutes.
- ☐ **Tonic-Clonic** -- Abrupt arrest of activity, loss of consciousness, symmetrical and rhythmical alterations of contraction and relaxation of major muscle groups. Ends suddenly usually in less than 5 minutes.
- ☐ **Tonic** -- Lack of movement, stiffening of the entire body musculature, arms flex, legs, neck and head extend. Peculiar, piercing cry, cyanosis (bluish coloring to skin), may temporarily stop breathing, increased salivation.
- ☐ **Atonic** -- Abrupt loss of postural tone, loss of consciousness, confusion, lethargy and sleep. (May just fall asleep suddenly; when laughing, the child may fall down.)
- ☐ **Myoclonic** -- Brief random contractions of a muscle group, may occur on one side of the body, no loss of consciousness.
- ☐ **Absence** -- Very brief periods of altered awareness, eyelids may flutter or twitch, blank facial expression, lasts 5-10 seconds but can occur repeatedly.
- ☐ **Akinetic** -- No movement, but muscle tone is maintained. Like "freezing into position," may lose consciousness.

Student's usual seizure activity may include:

_____

_____

_____

Classroom Treatment:

- Assist the student to the floor, if needed. Place in side-lying position
- DO NOT put anything between teeth or in mouth.
- DO NOT restrain.
- Note time of onset of seizure behavior and call Nurse's Office X 7500.
- Clear area to protect student from injury, remove other students from area.

☐Administer the following emergency medications: (i.e. – diastat PR for seizures >5 min)

_____

911 to be called **IF**: seizure activity is different from "usual seizure activity" documented below, child's breathing is affected, it lasts longer than two (2) minutes or child fails to regain consciousness after seizure activity has stopped.

After seizure treatment:

- **Notify parent once student is stabilized or 911 has been called.**
- Permit student to rest.
- Continue to document post seizure assessment.
- Monitor for second episode.
- Monitor for confusion or lack of consciousness.

If I cannot be reached by phone and my child does not respond to the above treatment, I give my permission for school staff to determine the need for emergency medical care. In that case my child will be transported to the nearest hospital. I also understand that school staff can and will be informed of my child's health concerns in order to provide safe, appropriate care. Confidentiality will be maintained by all informed staff members.

Physical Restrictions:

☐ The student has NO PHYSICAL RESTRICTIONS and can participate fully in all activities.

☐ The student has the following physical restrictions: (i.e. – no climbing or swimming; limited screen time; avoiding videos/activities involving flashing/strobe lights)

_____

_____

_____ _____

PARENT SIGNATURE DATE

_____ _____

MD SIGNATURE & STAMP DATE

_____ _____

SCHOOL NURSE SIGNATURE DATE

Plan is valid for the 2022-2023 School Year. Plans require renewal annually. (Revised 0/23 CAU, RN)