

**SEIZURE CARE PLAN AND MEDICATION ORDERS** Plan \_\_\_ of \_\_\_

NAME		Birthdate:	School		
Grade	Preferred Hospital	<input type="checkbox"/> Bus #	<input type="checkbox"/> Walk	<input type="checkbox"/> Drive	Weight
History (including current medication)					

TYPES of SEIZURES		
Tonic Clonic	Absence	Psychomotor
Muscles tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body.	Staring spells. May drop an object s(he) is holding or may stumble momentarily.	Some degree of impairment of consciousness-- may have automatic movements like lip smacking, roaming, and non-goal oriented activity.
Comments	Comments	Comments
*IDENTIFY students usual signs/symptoms	*IDENTIFY students usual signs/symptoms	*IDENTIFY students usual signs/symptoms

IF YOU SEE THIS	DO THIS Adult stays with student at all times
<b>ABSENCE AND PSYCHOMOTOR SEIZURES</b>	Time seizure and monitor student closely. Notify the nurse _____ and parent/guardian _____. Gently support and protect student from harm. Do not restrain. No first aid is needed if no injury. After seizure, calmly re-orient student to their surroundings. After seizure, record seizure activity on Seizure Observation Log.
<b>TONIC CLONIC</b> Do not hold student down Do not put anything in their mouth (for loss of bowel/bladder, cover with blanket for privacy)	Time seizure activity. Stay calm & ease student to floor to avoid a fall. If trained, administer medication/treatments as ordered below. Clear area around student-move hard objects. Keep others away. Support student on their left side to allow vomit/drool to drain. Loosen clothing around neck. Place soft material under head. Notify the nurse _____ and parent/guardian _____. After seizure record events on the Seizure Observation Log.

- CALL 911 IF:**
- Seizure does not stop by itself or is 1st tonic clonic seizure
  - Seizure does not stop within \_\_\_\_\_ minutes
  - Child does not start waking up within \_\_\_\_\_ minutes after seizure is over
  - Another seizure starts immediately after the first seizure
  - Bluish color to lips AFTER seizure ends
  - Prolonged loss of consciousness
  - Stops breathing (**START RESCUE BREATHING/CPR**)

**MEDICATION ORDERS**

➤ For seizure lasting over \_\_\_\_\_ minutes **OR** for \_\_\_\_\_ or more \_\_\_\_\_ (type) seizures in \_\_\_\_\_ minutes/hours **OR**

➤ Child does not start waking up within \_\_\_\_\_ minutes after seizure is over

➤ \_\_\_\_\_ (medication) \_\_\_\_\_ mg \_\_\_\_\_ (route) for \_\_\_\_\_ (type)  
 \*\*for intra-nasal midazolam: give \_\_\_\_\_ ml divided---1/2 dose ( \_\_\_\_\_ ml) into each nostril\*\*

➤ Call 911 when seizure emergency medication has been administered

➤ Daily seizure medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Takes seizure medication at home       Takes seizure medication at school

➤  **NO MEDICATIONS HAVE BEEN ORDERED**

LHP Signature	Date	Telephone
		Fax Number
LHP Printed Name	Start Date	End Date

\*\*\*Document seizure activity on Seizure Observation Log (attached)\*\*\*

Name:
Primary #
Other #
Other #

Parent/Guardian

Name:
Primary #
Other #
Other #

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Accommodations needed \_\_\_\_ No \_\_\_\_ Yes If yes, list below:

- A new EAP and medication/treatment orders for seizures must be submitted each school year.
- If any changes are needed on the EAP, it is the parent/guardian's responsibility to contact the school nurse.
- It is the parent/guardian's responsibility to alert all other **non-school** programs of their child's health condition.
- Medical information may be shared with school staff working with my child and EMS staff, if they are called.
- I have reviewed the information on this Seizure Emergency Action Plan/504 and medication/treatment orders and request/authorize trained school employees to provide this care and administer medication/treatments in accordance with the Licensed Healthcare Provider's (LHP's) instructions.
- This is a life-threatening plan and can only be discontinued by the LHP.
- I authorize the exchange of information about my child's seizure disorder between the LHP office and the school nurse.
- *My signature below shows I have reviewed and agree with this health care/504 plan and medication/treatment orders.*

Parent/Guardian Signature

Date

EXPECTED POST-SEIZURE BEHAVIOR		
<ul style="list-style-type: none"> <li>◆ Tiredness</li> <li>◆ Weakness</li> <li>◆ Sleeping</li> <li>◆ Difficult to arouse</li> <li>◆ May be somewhat confused</li> </ul>	<ul style="list-style-type: none"> <li>◆ Regular breathing</li> <li>◆ This period may last a few minutes or hours</li> </ul>	
<b>For District Nurse's Use Only</b> <input type="checkbox"/> <b>504 Plan</b>		
A registered nurse has completed a nursing assessment and developed this Seizure Care Plan in conjunction with this student, their parent/guardian and their LHP.		
<b>Medication/Device(s)</b>	<b>Expiration date(s)</b>	
<b>School Nurse Signature</b>	<b>Date</b>	<b>Phone</b>

**Health care/504 plan and medication (if prescribed) must accompany student on any field trip or school activity.**

**\*\* Keep plan readily available for Substitutes. \*\***

**SEIZURE OBSERVATION LOG**

<b>Student Name</b>			
<b>Date / Time</b>			
<b>Seizure Length</b>			
<b>Pre-Seizure Observation (briefly list behaviors, triggering events, activities)</b>			
<b>Conscious (yes/no/altered)</b>			
<b>Injuries (briefly describe)</b>			
<b>Muscle tone/body movements</b>	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
<b>Extremity movements</b>	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random movement		
<b>Color</b>	Bluish		
	Pale		
	Flushed		
<b>Eyes</b>	Pupils dilated		
	Turned (R or L)		
	Rolled up		
	Staring or blinking (clarify)		
	Closed		
<b>Mouth</b>	Salivating		
	Chewing		
	Lip smacking		
<b>Verbal Sounds (gagging, talking, throat clearing, etc.)</b>			
<b>Breathing (normal, labored, stopped, noisy, etc.)</b>			
<b>Incontinent (urine or feces)</b>			
<b>Post-seizure observation</b>	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
<b>Length of time to orientation</b>			
<b>Parent/guardian notified (time of call)</b>			
<b>9-1-1 called (call time &amp; arrival time)</b>			
<b>Staff member observing seizure (name)</b>			