

SEIZURE CARE PLAN

Student: _____ Date of Birth: _____
Physician: _____ Physician Phone Number: _____

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, teeth grinding, lip smacking, chewing, swallowing, scratching or pulling at buttons. Lasts usually 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 in less than 5 minutes.
- 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.
- 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.
- Akinetic -- No movement, but muscle tone is maintained. Like "freezing into position," may lose consciousness.

My child does does not have an aura before his/her seizures. (An aura is a sensation just before a seizure happens -- may be a sound, sight, smell, feeling -- they usually can tell if a seizure is about to happen.)
If so, what is the aura? _____

TREATMENT PLAN FOR SEIZURES

Treatment:

- Assist the student to the floor, if needed.
- DO NOT put anything between teeth or in mouth.
- DO NOT restrain.
- Clear area to protect student from injury.
- Start a written record of the seizure behavior and treatment including length of seizure activity.
- Notify parents.
- CALL 911 IF: seizure activity is different from "usual seizure activity" documented below, child's breathing is affected, it lasts longer than five (5) minutes or child fails to regain consciousness after seizure activity has stopped.

- Child's usual seizure activity includes:

▪ Should the seizure activity last longer than _____, 911 should be called. (Please note: 911 will be called by school staff for any seizure activity lasting five (5) minutes.)

After seizure:

- Permit student to rest.
- Continue to document the episode.
- 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 medication and treatment, I give my permission for school staff to call the physician listed on front side of care plan and follow his/her instructions. If the physician orders hospitalization or my child is exhibiting symptoms of a medical emergency, 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.

Parent/Guardian Signature Date