

SEIZURE HEALTHCARE PLAN

Date _____

(This form will be made available to teachers & appropriate school staff.)

Student's Name: _____ DOB: ____/____/____

Diagnosis: _____

Teacher: _____ Grade: _____ Parent: _____ Physician: _____

SEIZURE HISTORY

* STUDENT HAS DIASTAT ORDER AT SCHOOL? YES ___ NO ___ EXPIRATION DATE: _____

WHAT TYPE(S) OF SEIZURES(S) DOES YOUR STUDENT HAVE? _____

DESCRIBE EACH TYPE OF SEIZURE: _____

Medications: School _____ Home _____ Call 911 if SEIZURE LASTS LONGER than _____

HOW OFTEN THEY OCCUR? _____ HOW LONG DO THEY LAST? _____

DATE OF FIRST SEIZURE _____ LAST SEIZURE _____

ANY WARNING SIGNS OR BEHAVIOR CHANGES PRIOR TO SEIZURE(S) _____

USUAL BEHAVIOR AFTER SEIZURE: _____

ANY SPECIAL ADAPTIVE SAFETY EQUIPMENT OR RESTRICTIONS? _____

LOCATION OF DIASTAT IN SCHOOL: _____ TRAINED PERSONNEL: _____

FIELD TRIPS: TRAINED STAFF ACCOMPANY ___ YES ___ NO. PARENT WILL ACCOMPANY ___ YES ___ NO

STUDENT HAS VAGUS NERVE STIMULATOR ___ YES ___ NO. DOCTOR'S ORDER _____

All Staff involved with student trained? ___ YES ___ NO. Staff has received copy of 504/Health Plan ___ YES ___ NO

Code - Medical Lockdown D Release Form Signed: ___ YES ___ NO

SEIZURE PROTOCOL

Time Seizure

Keep calm – reassure other children that the child will be O.K.

Ease the child gently to the floor and clear the area around him/her of any item that could cause injury.

Place something flat and soft (such as folded jacket) under student's head so it will not bang against the floor if student's body jerks.

Position the student on his/her SIDE FACING YOU.

This will maintain an open airway and allow any fluid to drain harmlessly away.

DON'T – try to force student's mouth open

DON'T – place anything in student's mouth

DON'T restrain student's physical movements

DON'T leave student

DON'T panic – remain calm – After seizure check for breathing and pulse

If DIASTAT ordered, administer per Physician Order and maintain student's privacy.

Prepared by: _____ Parent Signature/Date _____

Parent/Guardian Emergency Numbers: Home _____, Cell _____ Other _____