

Seizure Emergency Care Plan and Medication Orders for School or Care Settings

PARENT/GUARDIAN to complete, SIGN and DATE Below

Child/patient Name:	Birth date:
Parent/Guardian Contact:	Phone:
Emergency Contact:	Phone:
School:	Grade:

Triggers: tiredness illness temperature Other: _____

Seizure Warning (aura) if any: _____

Has patient ever received rescue medication before? _____ Date: _____

Antiseizure Medications Taken at Home	What side effects does this patient experience?

Is patient being treated with a ketogenic diet therapy for epilepsy?

No Yes, family will arrange or discuss plans for school meals and snacks.

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our care team. I take full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

Parent/Guardian Signature	Date	Nurse/CCHC Signature	Date
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HEALTH CARE TEAM to complete, SIGN and DATE Below.

IF YOU SEE THIS:	DO THIS:
<input type="checkbox"/> Convulsive Generalized Tonic Clonic: These seizures may begin with a warning (aura). The patient will lose consciousness. You may see stiffening of the body or rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. Sleepiness and confusion may occur after the seizure.	FOR CONVULSIVE SEIZURES ONLY: <ol style="list-style-type: none"> 1. Time the seizure and record observations. 2. Keep calm. Provide reassurance. Remove bystanders. 3. Protect head, keep airway clear, turn on side. 4. Do not restrain or place anything in mouth. 5. Call 911 if patient is injured or has difficulty breathing. 6. Call guardian. 7. Stay with patient until recovered from seizure. Administer rescue treatments as marked below.
<input type="checkbox"/> Focal: These seizures often begin with a warning (aura). The patient may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 mins. Sleepiness and confusion may occur after the seizure.	
<input type="checkbox"/> Absence: The patient may have sudden changes in alertness. You may see eye flutter or small twitching. Usually last less than 10 secs. These are not an emergency unless clustering for more than 10 minutes without return to baseline.	
<input type="checkbox"/> Febrile seizures: The patient may not be on a daily antiseizure medication. Seizures may occur at the beginning of an illness and can appear similar to other seizure types. Preventative treatment with antipyretics does not reduce incidence.	
<input type="checkbox"/> OTHER: please describe: _____ _____ _____	
<input type="checkbox"/> Child has a history of psychogenic non epileptic events (if selected please provide separate documentation for clarification, these do not require rescue treatments)	FOR ALL OTHER SEIZURE TYPES (BESIDES CONVULSIVE): <ol style="list-style-type: none"> 1. Time the seizure and record observations. 2. Gently guide patient away from danger. 3. Stay with patient and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch/nudge. 5. Call guardian. Administer rescue treatments as marked below.

RESCUE TREATMENTS:

Implantable devices:

does patient have an implantable device? If yes, please describe: _____

If convulsive seizure lasts longer than 5 minutes, or focal seizure >10 minutes administer:

- Diastat: rectally _____ mg can give second Diastat dose if seizures continue after ___ minutes.
- Nayzilam nasally _____ mg can give second Nayzilam dose if seizures continue after ___ minutes.
- Midazolam nasally _____ mg to administer half in each nostril. can give second nasal midazolam dose if seizures continue after ___ minutes
- Valtoco nasally _____ mg can give second Valtoco dose if seizures continue after ___ hours

Multistep seizure rescue plan – Please see attached letter for details.

OR If cluster of ___ or more seizures in ___ minutes, administer:

- Clonazepam _____ mg
- Diastat: rectally _____ mg
- Nayzilam nasally _____ mg can give second Nayzilam dose if seizures continue after ___ minutes
- Midazolam nasally _____ mg to administer half dose in each nostril
- Valtoco nasally _____ mg can give second Valtoco dose if seizures continue after ___ hours

Multistep seizure rescue plan – Please see attached letter for details.

[] Call 911 immediately if emergency medication is administered

[] Call 911 if seizure does not stop within _____ min of giving medication.

Does patient have photo-sensitive epilepsy (ie. can flashing lights trigger seizures)? _____ (Y/N)

Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDER'S NAME

PHONE/FAX

DATE

Academy School District 20 Seizure Safety Plan

Name _____ Birthdate _____ Grade _____
Parent(s) _____ Phone(s) _____
Emergency contact _____ Phone(s) _____
Physician _____ Phone _____
Hospital preference _____
Type of seizure _____

Health Care Plan Goal: Identification of seizure activity, prevention of injury, and care during and after seizure

** Stay with student and remain calm.

** Protect student from injury by removing furniture and sharp objects from student's area. If available, place soft object under head.

** Note time of day and length/type of seizure.

Help to ground if seizure has started or is suspected.

Roll onto side to avoid choking.

Keep hands away from student's mouth. Do not place anything in student's mouth.

Expect that the student may momentarily appear to stop breathing.

Student may be incontinent during seizure. Provide privacy for clean-up, including change of clothes as needed.

Afterwards, student may be confused and tired. Re-assure and re-orient. Allow student to rest for 15-30 minutes as needed.

** Notify parents and school nurse.

** Call 911 if seizure lasts more than five minutes, if multiple seizures occur without recovery time, if this is first-time seizure, if student has diabetes, or if student is pregnant.

** Document on Seizure Record form.

** indicates steps for all seizures. Additional steps are for Grand Mal or Tonic-Clonic seizures only.

Seizure history

Diagnosed at age _____

Date of last seizure _____

Typical seizure description _____

Warning signs, if any _____

Length of typical seizure _____

Usual frequency of seizures _____

Seizure medications at home _____

Seizure medications at school _____

Other information _____

Symptoms may include: (check all those pertaining to your student)

Generalized

(Grand Mal or Tonic-Clonic)

_____ loss of consciousness

_____ stiffening of the head or neck (tonic phase)

_____ jerking movements of arms or legs (clonic phase)

_____ eyes rolling upward

_____ loss of bladder or bowel control

_____ shallow breathing with pale/bluish skin

_____ seizure lasting 1-3 minutes

_____ seizure followed by period of sleepiness lasting for minutes or hours

Absence
(Petit Mal)

- _____ brief loss of consciousness for 10-30 seconds
- _____ may look as if daydreaming or inattentive
- _____ not responding to voice or touch
- _____ lip smacking or twitching of eyelid or face
- _____ no recall of events afterwards
- _____ triggered by hyperventilation

Simple Partial
(Focal or Jacksonian)

- _____ no loss of consciousness - is awake and aware - only one part of brain is involved
- _____ short jerky movements of hands or mouth
- _____ head or eyes may turn to side
- _____ movements may proceed from one area of the body to another
- _____ may experience "pins and needles" sensation or feeling of numbness
- _____ may experience distorted environment or hear noises

Complex Partial

- _____ blank stare followed by random activity - only one part of brain is involved
- _____ may be somewhat aware or have distortion of consciousness
- _____ unaware of surroundings - seems dazed
- _____ actions are clumsy, not directed
- _____ symptoms are unique from individual to individual
- _____ usually followed by period of sleepiness in postictal stage

Atonic
(Drop Attack)

- _____ sudden loss of postural tone and consciousness
- _____ may be brief with sudden drop of head or fall
- _____ may be prolonged with fall - then remaining limp and unresponsive for seconds or minutes
- _____ more prolonged, usually followed by postictal drowsiness

Myoclonic

- _____ sudden brief massive muscle jerks
- _____ may involve whole body or parts of body
- _____ no loss of consciousness

PNES
(Pseudo Non-Epileptic Spells)

- _____ no EEG changes
- _____ underlying emotional cause (not necessarily trying to get attention)
- _____ eyes typically closed

**I give my permission for the information on this Health Care Plan to be shared with adults in the school setting that will be working with my child on a need-to-know basis, including Transportation.

**This Health Care Plan will remain in effect for the current school year.

**It is the responsibility of the parent to notify the school nurse, in writing, whenever there is a change in the student's health status or care.

**This Health Care Plan and any nurse delegation related to this plan are for use during normal operational school hours. After hours, call 911 or parent(s) for any medical emergencies or concerns.

Parent _____ Date _____

Teacher _____ Date _____

School Nurse _____ Date _____

updated 04-04-14

Questionnaire for Parent of a Student with Seizures

Please complete all questions. This information is essential for the school nurse and school staff in determining your child's special needs and providing a positive and supportive learning environment. If you have any questions about how to complete this form, please contact your child's school nurse.

Contact Information

Student's Name	School Year	Date of Birth	
School	Grade	Classroom	
Parent/Guardian	Phone	Work	Cell
Parent/Guardian Email			
Other Emergency Contact	Phone	Work	Cell
Child's Neurologist	Phone	Location	
Child's Primary Care Doctor	Phone	Location	
Significant Medical History or Conditions			

Seizure Information

1. When was your child diagnosed with seizures or epilepsy? _____

2. Seizure type(s)

Seizure Type	Length	Frequency	Description

3. What might trigger a seizure in your child? _____

4. Are there any warnings and/or behavior changes before the seizure occurs? YES NO

If YES, please explain: _____

5. When was your child's last seizure? _____

6. Has there been any recent change in your child's seizure patterns? YES NO

If YES, please explain: _____

7. How does your child react after a seizure is over? _____

8. How do other illnesses affect your child's seizure control? _____

Basic First Aid: Care & Comfort

9. What basic first aid procedures should be taken when your child has a seizure in school?

10. Will your child need to leave the classroom after a seizure? YES NO

If YES, what process would you recommend for returning your child to classroom:

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

Seizure Emergencies

11. Please describe what constitutes an emergency for your child? (Answer may require consultation with treating physician and school nurse.)

12. Has child ever been hospitalized for continuous seizures? YES NO

If YES, please explain:

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Seizure Medication and Treatment Information

13. What medication(s) does your child take?

Medication	Date Started	Dosage	Frequency and Time of Day Taken	Possible Side Effects

14. What emergency/rescue medications are prescribed for your child?

Medication	Dosage	Administration Instructions (timing* & method**)	What to Do After Administration

* After 2nd or 3rd seizure, for cluster of seizure, etc.

** Orally, under tongue, rectally, etc.

15. What medication(s) will your child need to take during school hours? _____

16. Should any of these medications be administered in a special way? YES NO

If YES, please explain: _____

17. Should any particular reaction be watched for? YES NO

If YES, please explain: _____

18. What should be done when your child misses a dose? _____

19. Should the school have backup medication available to give your child for missed dose? YES NO

20. Do you wish to be called before backup medication is given for a missed dose? YES NO

21. Does your child have a Vagus Nerve Stimulator? YES NO

If YES, please describe instructions for appropriate magnet use:

Special Considerations & Precautions

22. Check all that apply and describe any consideration or precautions that should be taken:

- | | |
|-----------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> General health _____ | <input type="checkbox"/> Physical education (gym/sports) _____ |
| <input type="checkbox"/> Physical functioning _____ | <input type="checkbox"/> Recess _____ |
| <input type="checkbox"/> Learning _____ | <input type="checkbox"/> Field trips _____ |
| <input type="checkbox"/> Behavior _____ | <input type="checkbox"/> Bus transportation _____ |
| <input type="checkbox"/> Mood/coping _____ | <input type="checkbox"/> Other _____ |

General Communication Issues

23. What is the best way for us to communicate with you about your child's seizure(s)? _____

24. Can this information be shared with classroom teacher(s) and other appropriate school personnel? YES NO

Dates _____
Updated _____

Parent/Guardian Signature _____ Date _____