

Plan of Care – Seizure Disorder

Student: _____ Grade: _____

*******ALWAYS TIME A SEIZURE AND KEEP STUDENT SAFE*******

If You See This:	Do This:
• Staring with no response lasting for a few seconds (5-10 sec)	• Time the activity and report to nurse
• Frequent dropping of things, frequent falls	• Send someone to get the nurse
• Lip smacking or twitching, eye blinking or slight hand movements	• Cushion head
• Trance-like state with purposeless movements	• Move any furniture away from student
• Loss of consciousness with generalized violent muscle contractions, possible incontinence urine (lasts usually less than 5 minutes)	• Loosen any tight clothing
	• Turn on side when not in muscle spasm

DO NOT:	DO:
• Call EMS until the nurse has assessed, as parent may wish to transport to doctor's office	• Call EMS 1 st if the student is injured because of the fall due to seizure
• Put anything in mouth	• Call EMS 1 st if the nurse or trained personnel are not in the building
• Attempt to hold down	• Stay with the student until completely recovered from seizure
• Try to waken	• Maintain crowd control, give student plenty of room & privacy from other students
• Move to another location unless present location presents a danger	
• Ask student to sit up and walk before the nurse has assessed	

Follow Up Care:	Documentation:
• Monitor breathing, any signs of respiratory distress	• Time seizure started & ended
• Determine level of consciousness and ability to move extremities	• Describe seizure activity
• May allow student to sleep as needed (not more than 30 min)	• Any medication given
• Contact Parent/Guardian or Physician	• Contacts notified & further instructions given

Emergency Seizure Medications: <i>(To Be Given In Order Listed)</i>	
1. _____	Dose: _____
2. _____	Dose: _____
3. _____	Dose: _____
Contact: 911 School Nurse: _____ Principal: _____ Parent/Guardian: _____ Phone: _____	

(Signature of Parent/Guardian)

(Date)

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Documentation of Participation and Acknowledgement of Plan Trained/Reviewed Use of Emergency Medications:

Title	Name	Date
Principal		
Assistant Principal		
Nurse		
Clinic Backup		
Clinic Backup		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Teacher		
Other		
Other		