Health Care Plan: **Seizures**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_ Rm#:\_\_\_\_\_\_**

**Treating Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEIZURE HISTORY INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Seizure Type** | **Length** | **Frequency** | **Triggers or warning signs**  |
|  |  |  |  |
| **GRAND MAL OR GENERALIZED SEIZURES:** Are produced by electrical impulses from throughout the entire brain. In this type of seizure, the patient loses consciousness and collapses. Convulsions are when a person’s body shakes rapidly and uncontrollably. During convulsions, the person’s muscles contract and relax repeatedly. After the person goes into a deep sleep due to exhaustion (the “postictal” or after-seizure phase). |

**BASIC FIRST AID CARE & COMFORT:**

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| **Seizure First Aid:** * Keep calm, provide reassurance, remove by standers
* Keep airway clear, turn on side if possible, do not put anything in the mouth
* Keep safe, clear surrounding area, do not restrain
* Time seizure, observe, record what happens
* Stay with child until recovered from seizure
* **** Contact parent to pick up student Or
* **** Student may return to class after recovered.
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is treatment needed at school?**□Yes□No**Transportation:** Pull over perform seizure first Aid; keep child in the seat; loosen seat belt around the neck area; Keep airway clear.Leave Route; drop off child; call transportation manager; call parent. |

**EMERGENCY RESPONSE TREATMENT:**

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| **CALL 911 Or Seek Emergency Medical Attention IF:** * Generalized seizure lasts longer than \_\_\_\_ minutes
* Two or more seizures without recovery time between seizures
* Injury occurs or is suspected
* Breathing, heart rate or behavior doesn’t return to normal
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Transportation:** Remain stopped until First Responders arrive; Parent or staff member will accompany child to hospital. |

**Rescue medications &/or VNS magnet, As needed:**

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| --- | --- | --- | --- |
| **Name:** | **Amount to give:** | **When to give:** | **How to give:** |
|  |  |  |  |
|  |  |  |  |

**Medication order is valid for the duration of 1 year from the Providers Signature date.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Licensed Health Care Provider Signature/Date Printed LHCP Name***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**ESD 105 Health Representative Date Staff Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advocate Date Staff Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Date Staff Signature Date**

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**Staff Signature Date Transportation Date**

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**EMERGENCY NUMBER Assistant / Center Manager Signature Date**

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| --- |
| Rescue medication \_\_**X**\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_ **Copy in:** Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_ Uploaded into ChildPlus \_\_\_\_ |