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:**

|  |
| --- |
| **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:**

|  |
| --- |
| **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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

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

**Staff Signature Date Transportation Date**

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

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

|  |
| --- |
| 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 \_\_\_\_ |