

SEIZURE DISORDER – Emergency Care Plan

Student: _____ Grade: _____ DOB: _____
Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____
Father: _____ FHome #: _____ FWork #: _____ FCell #: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

PLEASE INDICATE WHAT TYPE OF SEIZURE:

Tonic-Clonic Seizure: Symptoms may include an aura, muscle rigidity, followed by violent muscle contractions, loss of alertness (consciousness), biting the cheek or tongue, clenched teeth or jaw, loss of bladder or bowel control, difficulty breathing, blue skin color.

Simple Focal Seizure: The person will remain conscious but experience unusual feelings or sensations that can take many forms, may experience sudden and unexplainable feelings of joy, anger, sadness, or nausea. He/she also may hear, smell, taste, see, or feel things that are not real.

Complex Focal Seizure: The person has a change in or loss of consciousness. His or her consciousness may be altered, producing a dreamlike experience. People having a complex focal seizure may display strange, repetitious behaviors such as blinks, twitches, mouth movements, or even walking in a circle. These repetitious movements are called *automatisms*. More complicated actions, which may seem purposeful, can also occur involuntarily. Patients may also continue activities they started before the seizure began, such as washing dishes in a repetitive, unproductive fashion. These seizures usually last just a few seconds.

Absence: Symptoms may be brief lasting only a few seconds and occur several times a day. During the seizure the person may: stop walking and start again a few seconds later, stop talking in mid-sentence and start again a few seconds later. Specific symptoms of typical petit mal seizures may include: changes in muscle activity (hand fumbling, fluttering eyelids, lip smacking, chewing), change in alertness (staring and lack of awareness)

TREATMENT:

Notify Nurse, Clear the area around the student to avoid injury, note time seizure started, Do NOT PUT ANYTHING IN THE STUDENTS MOUTH, Place student on side if possible, speak to student in reassuring tone. Stay with student until help arrives.

If breathing is shallow or stops, the child's lips or skin may have a bluish tinge which corrects as the seizure ends. In the unlikely event that breathing does not begin again, check the child's airway for obstruction and begin CPR.

Transportation Plan: Pull over and stop bus. Lay student down. Follow plan above.

TO BE COMPLETED BY HALTH CARE PROVIDER:

Activity Restrictions Needed No Yes (explain) _____

Emergency Medical Services (911) should be called: _____ For all Seizures
_____ Only Seizure lasting more than _____ Minutes

Preferred Hospital if transported: _____

Emergency Medication to be given by Nurse: Yes____ No____

Name of Medication _____

Dosage Schedule _____

*Medications that can only be administered by a RN or LPN may be withheld when the student attends after school activities or field trips and 911 will be called in the event of a seizure.

**This plan will be shared with school staff on a need to know basis.

Healthcare Provider Signature: _____ Date: _____

Health Provider Name (Please print) _____ Phone: _____

Parent/Guardian Signature _____ Date _____