

**INDIVIDUALIZED HEALTH CARE PLAN
 SEIZURE CARE PLAN**

STUDENT NAME: _____ DOCTOR: _____
 ADDRESS: _____ PH# _____ FAX: _____
 PARENT: _____ HOSP: _____
 PH# _____ WK PH# _____ DOB: _____ ID# _____

SCHOOL: _____ TEACHER: _____ GRADE: _____
 ALLERGIES: _____
 HEALTH CONCERNS/MEDICAL DX: _____

1. EMG. CONTACT: _____ PH# _____ WK PH# _____
 2. EMG. CONTACT: _____ PH# _____ WK PH# _____
 3. EMG. CONTACT: _____ PH# _____ WK PH# _____

History of seizure disorder _____
 Medications _____
 Describe "typical" seizure behavior _____

<u>Triggering Stimuli</u>		<u>Warning Signals</u>	
<input type="checkbox"/> heat/cold	<input type="checkbox"/> injury	<input type="checkbox"/> none	<input type="checkbox"/> nausea/vomiting
<input type="checkbox"/> low BS	<input type="checkbox"/> psychosocial issues	<input type="checkbox"/> cold	<input type="checkbox"/> tremor
<input type="checkbox"/> menses	<input type="checkbox"/> light	<input type="checkbox"/> numbness	<input type="checkbox"/> auditory aura
<input type="checkbox"/> fatigue	<input type="checkbox"/> hyperventilation	<input type="checkbox"/> tingling	<input type="checkbox"/> visual aura
<input type="checkbox"/> fever	<input type="checkbox"/> unknown	<input type="checkbox"/> headache	<input type="checkbox"/> smell/taste aura
Other/Comments _____		Other/Comments _____	

- Stimuli Reduction (Steps to reduce seizure likelihood)**
1. Remove student from triggering stimuli if possible. Do not leave student unattended.
 2. Remove student from excess stimulation in classroom to safe, quiet area.
 3. Allow student to rest.
 4. If low blood sugar is "trigger," administer carbohydrate/protein snack (as ordered; nurse to do or direct).
 5. If fever is "trigger," administer non-ASA fever-reducing medicine (as ordered; nurse to do).
 6. Other _____

SEIZURE CARE GUIDELINES/PROTOCOL

1. Assist student to safe area on floor away from furniture and other potentially harmful objects.
2. Remove glasses; loosen restrictive clothing. Place student on side.
3. **DO NOT PLACE ANYTHING IN MOUTH OF STUDENT.** Do not restrain or try to stop purposeless behavior.
4. Call school nurse, notify MERT.
5. Encourage onlookers to leave.
6. Observe and record seizure behavior (before/during/after) on seizure observation record.
7. Monitor student for bluing of lips and nailbeds (note: student may have noisy breathing during seizure).
8. Nurse to provide treatment as prescribed.
9. Notify appropriate personnel - parent, teacher, program supervisor, physician (nurse to do).
10. Document according to school policies.

EMERGENCY CARE - in addition to preceding guidelines

- Call 9-1-1 if student:
- Stops breathing.
 - Has seizure that lasts longer than 5 minutes.
 - Has two or more consecutive seizures (no consciousness between) totaling 5 minutes or more.
 - Has no previous history of seizure activity.

Plymouth Educational Center
 1460 E. Forest Ave.
 Detroit, MI 48207

Name of Student _____
 Baseline Weight _____ Date _____
 Vital Signs _____
 School/Room _____

SEIZURE OBSERVATION RECORD

DATE					
PRESEIZURE OBSERVATION					
Note: activity, behaviors, triggering events					
SEIZURE OBSERVATION					
Start Time					
End Time					
Conscious (Yes/No)					
Fell					
Head movement to the left or right					
Facial movement – twitching, chewing, smacking lips					
Eye movement to the left or right, up/down, blank stare, rolled back, rapid blinking, closed					
Verbal sounds (describe) – gagging, throat clearing, drooling					
Breathing changes – noisy, slowing, other					
Extremity movement – right arm and/or leg, left arm and/or leg, stiffening, jerking, limp, clenching					
Skin color – normal, pale, red, blue (facial, lips, nails)					
Incontinent – urine, bowel movement					
POST SEIZURE OBSERVATION					
Confused					
Sleepy, tired					
Alert					
Headache					
Speech slurring					
Other					
Length of time for reorientation, wakefulness					
Vital Signs #1					
Vital Signs #2					
Vital Signs #3					
ADDITIONAL COMMENTS					
School nurse called (note time)					
Parents notified (note time)					
EMS/MERT activated					
Staff Initials					

Initials/signatures: _____
