



SEIZURE Individual Health Plan

Student Name	DOB
School	Grade
School Year	Advisor

Seizure Type: _____

Vagus Nerve Stimulator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Medications	
Rescue and Maintenance	
Seizure History	
Triggers	
Special Precautions/Instructions	

EMERGENCY INTERVENTION PLAN

Seizure Observed	Immediate Response
Grand Mal (Tonic-Clonic) Muscles tense, body becomes rigid, followed by a temporary loss of consciousness and shaking throughout entire body Usually lasts between 2 - 5 minutes	Follow Licensed Health Care Provider's Order-When to Call 911 Stay calm & track time Keep child safe, clear the area Protect the student's head Do not restrain the student Do not put anything in mouth Turn student on their side Keep airway open & watch breathing Stay with student until they are fully conscious

Additional Student Information:

Seizure is an Emergency When Grand Mal (Tonic-Clonic) seizure lasts more than 5 minutes Repeated seizures without regaining consciousness Student is injured or has diabetes Student has a first-time seizure Student has breathing difficulties Student has a seizure in water Diastat has been administered	CALL 911 CALL Parents
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Seizure Observed	Immediate Response
Petit Mal Seizure Student will have starting spells May drop object(s) or may stumble momentarily Usually lasts between 2 - 5 minutes <u>Psychomotor Seizure:</u> <i>Some degree of impairment of consciousness. May be accompanied by automatic movements like lip smacking, roaming and non-goal oriented activity. May last several seconds or minutes.</i>	Stay calm and track time No First Aid is needed unless seizure becomes convulsive or student is injured Keep child safe Stay with student until seizure ends Notify the parent

Additional Student Information:

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Student Name	Grade
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Parent/Guardian Information

Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone

SIGNATURES

Parent/Guardian	<input type="checkbox"/> Signature on File	Date
School Nurse	<input type="checkbox"/> Signature on File	Date

<small>A copy of this plan will be kept in the school office and copies will be given to all appropriate staff.</small>		
CONFIDENTIAL INFORMATION/ SHRED PRIOR TO DISCARD	page 2	v.01.15.16