PULASKI COMMUNITY
SCHOOL DISTRICT

INDIVIDUAL CARE PLAN FOR STUDENTS WITH SEIZURE DISORDER(EPILEPSY)

DAILY AND EMERGENCY PROCEDURES

IDENTIFICATION

Name: _____ Birth date: _____ School year: _____

School: _____ Grade: _____ Teacher: _____

Designated staff to provide support with seizure care:

1. _____
2. _____
3. _____
4. _____

student photo

CONTACTS

	NAME	RELATIONSHIP	PHONE #	NOTES
1st				
2nd				
3rd				

HISTORY

Student's age at time of seizure disorder diagnosis: _____

Type of Seizure(s) diagnosed:

TYPE	DESCRIPTION

1. Date of last seizure: _____
2. Characteristics of last seizure: _____
3. Did the seizure require administration of an emergency medication?
   - ☐ Yes
   - ☐ No
4. Known seizure triggers: _____
5. Are there changes in your child's behavior or symptoms we may see prior to a seizure?
   - ☐ Yes/explain _____
   - ☐ No
6. Any recent changes to your child's seizure patterns?
   - ☐ Yes/explain _____
   - ☐ No
7. Other information not listed you would like to share _____

DAILY

SEIZURE MEDICATIONS(NON-EMERGENCY) AND TREATMENTS

Medication	Dose	Time of administration	Side effects we may see at school

- ☐ Vagus nerve stimulation therapy(VNS)
- ☐ Ketogenic diet
- ☐ Other _____

FIRST AID

PROVIDE SEIZURE FIRST AID

1. **Time the seizure**
2. **Keep student safe**
   a. Generalized seizure:
      i. Make area safe- clear objects away from student, provide cushion for student's head, loosen tight clothing
      ii. Ease student to his/her side
      iii. Other student's should be moved away from the scene
      iv. Stay with student
   b. Non-convulsive type seizure:
      i. Block student from hazards or
      ii. Gently lead student from potential hazards
      iii. Speak calmly and reassure student
      iv. Stay with student
3. **Administer emergency medication if applicable**
4. **Document seizure events**
5. **Contact school nurse and student's parent or contact(s)**

CALL 911 WHEN:

- ❖ Convulsive seizure lasts more than 5 minutes
- ❖ Repeated seizures occur
- ❖ If emergency medication has been administered
- ❖ Injury occurred before or during seizure
- ❖ First time seizure
- ❖ Breathing difficulties present
- ❖ Seizure occurred in water
- ❖ Unusual behavior after seizure

EMERGENCY MEDICATION

AUTHORIZATION TO ADMINISTER PRESCRIBED EMERGENCY MEDICATION AT SCHOOL:

Physician Name _____ phone _____

Physician signature _____ date _____

Parent signature _____ date _____

EMERGENCY MEDICATION

- ☐ Diastat _____mg rectal for seizure lasting > _____
- ☐ Midazolam _____mg intranasal for seizure lasting > _____
- ☐ Diazepam _____mg intranasal for seizure lasting > _____

OTHER: _____