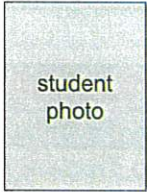




**INDIVIDUAL CARE PLAN FOR STUDENTS
WITH SEIZURE DISORDER(EPILEPSY)
DAILY AND EMERGENCY PROCEDURES**

IDENTIFICATION	Name: _____ Birth date: _____ School year: _____ School: _____ Grade: _____ Teacher: _____ Designated staff to provide support with seizure care: <table style="width: 100%; margin-top: 10px;"> <tr><td style="width: 20px;">1.</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td></tr> </table>					1.	_____	2.	_____	3.	_____	4.	_____												
1.	_____																								
2.	_____																								
3.	_____																								
4.	_____																								
CONTACTS																									
CONTACTS	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 5%;"></th> <th style="width: 35%;">NAME</th> <th style="width: 20%;">RELATIONSHIP</th> <th style="width: 15%;">PHONE #</th> <th style="width: 25%;">NOTES</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">1st</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">2nd</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: left;">3rd</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						NAME	RELATIONSHIP	PHONE #	NOTES	1st					2nd					3rd				
	NAME	RELATIONSHIP	PHONE #	NOTES																					
1st																									
2nd																									
3rd																									
HISTORY	Student's age at time of seizure disorder diagnosis: _____ Type of Seizure(s) diagnosed: _____ <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="width: 25%;">TYPE</th> <th style="width: 75%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <ol style="list-style-type: none"> 1. Date of last seizure: _____ 2. Characteristics of last seizure: _____ 3. Did the seizure require administration of an emergency medication? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Known seizure triggers: _____ 5. Are there changes in your child's behavior or symptoms we may see prior to a seizure? <input type="checkbox"/> Yes/explain _____ <input type="checkbox"/> No 6. Any recent changes to your child's seizure patterns? <input type="checkbox"/> Yes/explain _____ <input type="checkbox"/> No 7. Other information not listed you would like to share _____ 					TYPE	DESCRIPTION																		
TYPE	DESCRIPTION																								

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: _____