



Individualized Health Care Plan

Student Name:

School Year:

Seizure Disorder Individualized Healthcare Plan

| SECTION I                               |                      |  |              |
|---|----------------------|--|--------------|
| Student:                                |                      |  | WT:          |
|   |                      |  | HT:          |
| Grade:                                  | D.O.B                | Any Known Allergies  |              |
| School:                                 |                      |  |              |
| District:                               |                      | Bus (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO |              |
|   |                      | Bus #AM  | Bus #PM      |
| School Nurse:                           |                      | Pager #  | Cell #       |
| Medication taken at home: (please list) |                      |  |              |
| <b>Contacts</b>                         |                      |  |              |
| Mother                                  | Home #               | Work #   | Pager/Cell # |
| Father                                  | Home #               | Work #   | Pager/Cell # |
| Guardian/Custodian                      | Home #               | Work #   | Pager/Cell # |
| Home Address                            |                      | City #   | Zip          |
| Emergency Contact (Relationship)        |                      | Home #   | Work #       |
| Physician                               |                      | Phone #  | Fax#         |
| Physician Address                       |                      | City   | Zip          |
| <b>Date</b>                             | <b>Special Notes</b> |  |              |
|   |                      |  |              |
|   |                      |  |              |
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| SECTION II: EMERGENCY ACTION PLAN   |  |   |
|---|--|---|
| Does student experience an aura before seizures? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", describe: |  |   |
| Behavior or activity student usually exhibits during seizures:  |  |   |
| IF YOU SEE THIS....   |  | DO THIS....   |
| Onset of Seizure Activity   | Student HAS *VNS (Vagus Nerve Stimulator)  | Swipe VNS with magnet per prescriber's order<br>Then follow steps written below:  |
|   | Student DOES NOT have VNS (Vagus Nerve Stimulator)   | Remain with student and provide verbal reassurance.<br>Provide privacy.<br>Do not restrain student.<br>Note time at onset of seizure activity and time duration.<br>Document activity noted, time of onset and duration on Seizure Log form.<br>Contact parent. |
| Stiffening and jerking movements consistent with Tonic-Clonic or Gran Mal Seizure   |  | Follow steps listed above, and....<br>Ease student to floor and place in side-lying position.<br>Cushion student's head.<br>Remove surrounding objects that could cause injury.   |
|   | Student DOES NOT have emergency medication ordered for school setting:   | Call 9-1-1 if: <ul style="list-style-type: none"> <li>Seizure lasts longer than 5 minutes</li> <li>Second seizure occurs before recovering from first seizure</li> <li>Injury occurs during seizure</li> </ul>  |
|   | Student HAS emergency medication ordered for school setting:<br>*Medication: (Diastat &/or Versed to be administered by licensed nurse only) | Licensed School Nurse or trained Medication Assistant will administer medication per prescriber's order.<br>Call 9-1-1<br>Note and document time medication was administered and any change in student's condition for report to EMS personnel                  |

\*ALL MEDICATIONS GIVEN AT SCHOOL REQUIRE A SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION SIGNED BY THE PRESCRIBER

School Nurse Use Only

| *Medication and/or Magnet | Expiration Date | Self-Carry? | Location of Medication and/or Magnet |
|---------------------------|-----------------|-------------|--------------------------------------|
|                           |                 |             |                                      |
|                           |                 |             |                                      |

Notes /Special Instruction



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SECTION III:

Seizure Disorder, also known as Epilepsy, is a disorder of the central nervous system characterized by a tendency for recurrent seizures. The term "seizure" refers to sudden, uncontrolled episodes of abnormal behavior related to abnormal electrical discharges in the brain. A seizure is a symptom of the disorder just as fever is a symptom of infection. Seizure disorders are not contagious or a sign of mental illness. Only in rare cases do seizures require emergency intervention. Most seizures are over in a few minutes and do not require medical follow up.

Avoid circumstances that may lower seizure threshold (please list):

CLASSROOM:

- Observe student for evidence of seizure activity.
- If seizure activity noted:
 - Begin following steps listed in student's Emergency Action Plan
 - Contact the School Nurse

PHYSICAL EDUCATION:

- Allow student to self-limit physical activity
Observe student for evidence of seizure activity
- If seizure activity is noted:
 - Begin following steps listed in student's Emergency Action Plan
 - Contact the School Nurse

Considerations for outdoor activities:

- Describe:
None required
Other:

Additional Instructions/Notes:

Considerations for outdoor activities:

- Describe:
None required
Other:

Additional Instructions/Notes:

FIELD TRIPS:

- Student has Diastat order: Yes or No
- If "yes", student will be accompanied by Licensed Nurse or parent
Student has other emergency medication Yes or No
- Student will be accompanied by trained Medication Assistant, Licensed Nurse or Parent
Other:

BUS TRANSPORTATION:

If seizure activity noted, follow plan written here:

EMERGENCY DRILLS AND SCHOOL CRISIS EVENTS

- During Crisis Event Follow School Safety Plan.
School Nurse will secure medications in accordance with school safety plan
In event of building evacuation, School Nurse or Medication Assistant will evacuate with medications.
In event of building evacuation, School Nurse Location is:
Student requires assistance to evacuate building?
- No Yes
- If "yes", describe:

OTHER:

After School Care:

Extracurricular Activity: