

9/6/2018

MANSFIELD PUBLIC SCHOOLS
HEALTH SERVICES
STUDENT WITH SEIZURES
EMERGENCY ACTION PLAN

Effective Date: _____

Student's Name: _____ DOB: _____ GR: _____ Teacher: _____

Treating Physician: _____ Phone: _____

Significant medical history: _____

Other medications taken by student: _____

SEIZURE INFORMATION:

Note to parents and physician: Please check child's symptoms and add additional information as needed.

- Generalized tonic-clonic: characterized by stiffening and jerking movements involving muscles on both sides of the body
- Myoclonic: characterized by brief muscle jerk, usually involves muscles on both sides of the body, most often the shoulders or upper arms
- Absence: characterized by a 5-to-15-second lapse of consciousness, during which the eyes may flutter, stare or move upward
- Atonic: characterized by sudden loss of muscle tone, which may cause falls
- Other: _____

Seizure triggers or warning signs: _____

Student's reaction to seizure: _____

TREATMENT PROTOCOL: (include daily and emergency medications)

Daily Medication:

Dosage & When Given: _____

Dosage & When Given: _____

Emergency Medication:

Dosage & When Given: _____

Administer prescribed emergency medication for a seizure lasting greater than ____ minutes

Does student have a Vagus Nerve Stimulator (VNS)? YES NO If YES, describe magnet use:

Seizure Emergency Protocol: (Check all that apply and clarify below)

- Contact school nurse
- Call 911 if student demonstrates: _____
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Other

If Diastat is administered: (please check box)

- Call parent / guardian: for immediate dismissal
- Call 911

BASIC FIRST AID: CARE & COMFORT: *(Please describe basic first aid procedures)*

Basic Seizure First Aid:

- ✓ Stay calm & track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure activity

For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 3 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

WALKING FIELD TRIP/AFTER SCHOOL PROGRAMS

• Students participate in walking trips to other district schools, the library and occasionally may take trips to local businesses. The student will be accompanied by staff. Diastat will remain at school. **EMS WILL FOLLOW THEIR SEIZURE PROTOCOLS.**

In the event of a seizure during a local trip:

- Staff member will remain with the student and another staff member/teacher will call 911.
- Standard seizure protocol will be followed and includes the following:

Ease the student to the floor and roll the student to their side.

Do not try to stop the seizure, or try to put anything into the student’s mouth.

Monitor the environment and remove anything that the student could injure themselves on.

Avoid stimulating the student, as that can cause the seizure to last longer.

Observe for details that would describe the seizure, how long did it last, any change in color, etc.

- Teacher/staff will notify parent and nurse’s office as soon as 911 is initiated.

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, trips, etc.)* _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
home: _____ work: _____ cell: _____

- Parent signature permits the nurse to administer this medication, communicate with the above named physician relative to the diagnosis and share this information with school staff or Emergency Medical personnel.
- Signature also denotes understanding that it is parent responsibility to pick-up medication when it is no longer needed at school and that medication will be destroyed or properly disposed of after its expiration date or on the last day of school year.

Parent/Guardian's Signature: _____

Date: _____

Physician's signature: _____

Date: _____