

4/30/2015

MANSFIELD PUBLIC SCHOOLS  
HEALTH SERVICES  
STUDENT WITH SEIZURES  
EMERGENCY HEALTH CARE 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 at \_\_\_\_\_
- Call 911 if student demonstrates: \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor \_\_\_\_\_
- 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)*

Does student need to leave the classroom after a seizure? Y or N

If YES, describe process for returning student to classroom

---

---

---

A "seizure emergency" for this student is defined as:

---

---

---

**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 in log

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 5 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

**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:** \_\_\_\_\_