

KENILWORTH PUBLIC SCHOOL DISTRICT
SEIZURE CARE PLAN

Student Name _____ Birth Date _____ Male OR Female
School _____ Grade _____

Primary Physician's Name _____ Phone _____

Neurologist's Name _____ Phone _____

Preferred Hospital _____

Seizure Emergency Contact # 1 Name _____ Relationship _____

Phone _____ Phone _____

Seizure Emergency Contact # 2 Name _____ Relationship _____

Phone _____ Phone _____

For Emergency Transport Call 9-1-1

Type of Seizure Disorder _____

Date of Diagnosis _____ **Date of last seizure** _____

Recent History	When	Activity/Event
Seizure at Home		
Seizure at School		
Need for emergency medications		

Daily Maintenance Seizure Medications

Medication	Where?		When?		
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM
	Home	School	AM	Noon	PM

Emergency School Seizure Mediations (for use as needed)

Medication	Where is it kept?		When to use?
	Health Rm	Student	
	Health Rm	Student	
	Health Rm	Student	

Typical Seizure (circle those that apply)

Type of Seizure	Description
Absence (Petit Mal)	Mild form of seizure, dizziness or staring into space
Tonic-Clonic (Grand Mal)	Seizure with severe convulsions & loss of consciousness
Myoclonic	Spasms limited to 1 side of body or 1 muscle group
Atonic (drop attacks)	Produce head drops, loss of posture, or sudden collapse
Simple Partial Seizure	Electrical disturbance, remains conscious
Complex Partial Seizure	Electrical disturbance, consciousness loss or impaired

Other type of seizure specific to THIS STUDENT: _____

Behavior Changes related to Seizures (circle those that apply)

Abnormal body movements	Sudden weakness/falling	Odd facial expressions
Odd eye rolling/staring	Mouth movements/chewing	Lip smacking/sucking
Repeating words/sounds	Arms jerk/drop/throw	Weakness of arms/legs
Hand movements /fumbling	Abnormal perception	No response to voice/touch
Odd sensory experiences	Sweating	Change in heart rate
Flushed skin tone	Pale skin tone	Drooling
Hallucinations	Sensitive to light/sound	Emotional changes

Behavior specific to THIS STUDENT: _____

Describe YOUR CHILD'S typical seizure: _____

Care of student to prevent seizure:

- 1) Remove seizure stimuli (light, sound, motion, activity)
- 2) In health room or classroom allow for quiet/restful environment
- 3) Notify Parents of Pre-Seizure Behaviors noted

Seizure First Aid for Tonic/Clonic Seizure:

- 1) Keep calm. Keep/put student in a reclining or side-lying position and allow seizure to run its course.
- 2) Push away near-by objects.
- 3) Call for help. Use phone or walkie-talkie to contact health assistant.
- 4) Have someone escort other students to library.
- 5) Do not force a blunt object between teeth.
- 6) Do not restrain student.
- 7) If seizure last beyond 5 minutes or is seizures occur consecutively – **GET MEDICAL ASSISTANCE.**
- 8) If seizure last beyond 5 minutes, trained person should administer Diastat rectally if order and medication exist.
Directions & visual aid for administration of Diastat with Diastat syringe.
- 9) **CALL 911.**
- 10) **CALL PARENT.**

Post Seizure Care:

- 1) When the muscle jerking has stopped:
 - a. Turn student onto his/her side
 - b. Maintain an open airway
 - c. Give artificial respiration if breathing stops & **CALL 911**
 - d. Do not give any fluids if unconscious or partially conscious
- 2) After the seizure, allow student to sleep or rest & **NOTIFY PARENTS**

Special Instructions/Academic Concerns: _____

This Student Health Care Plan has been completed and reviewed by physician, student, parent, and District Nurse. The information will be provided to administrators, teachers, and staff to allow for awareness in providing the best care for the student.

This Student Health Care Plan, emergency medications, and the student's Emergency Card is to accompany the student on school Field Trips to allow for the appropriate response when outside of the school building during school hours.

Physician Signature _____ Date _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

District Nurse Signature _____ Date _____

