

STUDENT NAME: _____	
ADDRESS: _____	
PARENT: _____	
PH #: _____	WK PH #: _____

DOCTOR: _____
 PH #: _____ FAX: _____
 HOSP: _____
 DOB: _____ Weight: _____

SCHOOL: _____ TEACHER: _____ GRADE: _____

ALLERGIES: _____

HEALTH CONCERNS/MEDICAL DX: _____

1. EMG. CONTACT: _____ PH #: _____ WK PH #: _____
2. EMG. CONTACT: _____ PH #: _____ WK PH #: _____
3. EMG. CONTACT: _____ PH #: _____ WK PH #: _____

Describe "typical" seizure behavior for student:

Warning Symptoms

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Auditory Aura |
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Visual Aura |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Tremor | <input type="checkbox"/> Smell/taste Aura |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tingling | |

Emergency Care

- 1) Do not leave student alone.
- 2) Consider call to MERT and/or 9-1-1 for assistance.
- 3) Call School Nurse (_____) and parent
- 4) Provide treatment as prescribed by doctor:
 - a) Give medication _____ expiration _____ stored in _____
 - b) Give medication _____ expiration _____ stored in _____
 - c) Give medication _____ expiration _____ stored in _____
- 5) If breathing stops, provide CPR.
- 6) Assist student to safe area on floor away from furniture and other potentially harmful objects.
- 7) Remove glasses; loosen restrictive clothing. Place student on side (**note: student may have noisy breathing during seizure**)
- 8) DO NOT PLACE ANYTHING IN MOUTH OF STUDENT. Do not restrain or try to stop purposeless behavior.
- 9) Observe and record seizure behavior (before/during/after) on seizure observation record. (see attached)
- 10) Monitor student for bluing of lips or nail beds.
- 11) Call 9-1-1 if student:
 - a. Stops breathing.
 - b. Has seizure that is different than their "typical" seizure.
 - c. Has seizure that lasts longer than ____ minutes.
 - d. Has two or more consecutive seizures (no consciousness between) totaling ____ minutes or more.
- 12) Additional considerations:
- 13) Complete an Accident/Incident Report if 9-1-1 is called.

Transportation and Field Trips

need to accompany on field trip:
 need to accompany on bus:

During field trips or bus rides provide care as described EXCEPT:

Nurse Signature _____ Date _____

Student Name _____

Birthdate _____

Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. It's also called a **seizure disorder**. When a person has two or more unprovoked seizures, they are considered to have epilepsy. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures by the person experiencing them or by health care professionals: blank staring, lip smacking, or jerking movements of arms and legs. There are many different types of seizures. People may experience just one type or more than one. The kind of seizure a person has depends on which part and how much of the brain is affected by the electrical disturbance that produces seizures. Experts divide seizures into generalized seizures (absence, atonic, tonic-clonic, myoclonic), partial (simple and complex) seizures.

1. Follow Seizure Management Plan from the doctor.
 - Seizure Management plan is available and attached:
 - Medication/Treatment order is available and attached:
 - Treatment Schedule at School:

2. Other Considerations

3. Avoid triggering stimuli if possible.

Triggering Stimuli include:

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Heat/Cold | <input type="checkbox"/> Psychosocial Issues |
| <input type="checkbox"/> Low Blood Sugar | <input type="checkbox"/> Light |
| <input type="checkbox"/> Menses | <input type="checkbox"/> Hyperventilation |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Fever | |

4. Additional instructions:
 - a. Remove student from excess stimulation in classroom to safe, quiet area. Allow student to rest.
 - b. If low blood sugar is "trigger," administer carbohydrate/protein snack (as ordered)
 - c. If fever is "trigger," administer non-ASA fever-reducing medicine (as ordered)
 - d. Other:

5. Present Level of Functioning
Student is:
 - able to identify and avoid triggers:
 - able to recognize and communicate early warning signs:

6. School Staff trained to follow emergency procedures:

7. Goals:

Care Plan developed on _____

School Nurse _____ Pager _____ Phone _____

Back up Nurse _____ Pager _____ Phone _____

Supervisor Name _____ Pager _____ Phone _____