



# SEIZURE DISORDER CARE PLAN FORM

HEALTH SERVICES  
SCHOOL DISTRICT U-46

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### SEIZURES: Universal First Aid

- **STAY WITH THE STUDENT DURING THE SEIZURES, remain calm.**
- **NOTE TIME on the clock – DO NOT GUESS!**
- **IF SCHOOL NURSE ACCESSIBLE, NOTIFY NURSE AS SOON AS POSSIBLE**
- **Note any unusual events occurring prior to or during the seizure.**
- **If student loses consciousness during the seizure:**
  - ✓ Ease the child to the floor, away from hard or sharp objects.
  - ✓ Turn the child so they are lying on their SIDE.
  - ✓ Monitor child's breathing.
  - ✓ Do not put anything in the child's mouth, Do not restrain the child.
  - ✓ Loosen any tight clothing around the neck and waist.
- Student has order for EMERGENCY MEDICATION**
  - ✓ Administer \_\_\_\_\_
  - ✓ **Activate School Emergency Procedure** if seizure does not subside in \_\_\_\_ minutes after medication administered.
- Student has VAGAL NERVE STIMULATOR IMPLANTED**, trained personnel can use VNS magnet  
To use VNS magnet (General instructions—please refer to specific orders)
  - a. Hold magnet over implant
  - b. Count 1 – one thousand, 2- one thousand, 3-Remove
  - c. May repeat use of magnet once every 60 seconds
  - d. Discontinue use of magnet if seizure stops
- **IF SEIZURE LASTS MORE THAN 5 MINUTES, Activate School Emergency Procedure:**
  - ✓ **CALL 9-911**
  - ✓ Describe type of seizure, duration of the present seizure and medications student is presently being given.
  - ✓ Notify parent after the emergency call has been made to meet the child at \_\_\_\_\_ Hospital
- **IF SEIZURE LASTS LESS THAN 5 MINUTES**
  - ✓ Allow the child to rest/sleep for about an hour. Observe closely for any additional seizure activity.
  - ✓ May return to regular classroom activities when alert and oriented.
  - ✓ Note duration of seizure and any unusual events occurring prior to or during the seizure.
  - ✓ Notify parent of seizure.
  - ✓ Do not allow play on high equipment in PE class or on the playground.

### Type of Seizure typical for student:

- TONIC/CLONIC (grand mal)** - Seizures consist of spastic movements of the arms and legs and lack of awareness of surroundings. After the spastic movement ceases, student will be groggy and require a rest period under supervision.
- ATONIC SEIZURES (Drop)** – Symptoms consist of abrupt loss of posture and sudden collapse. Drop seizures can result in injuries to the head and face. Protective headgear may be recommended if seizures become frequent.
- ABSENCE SEIZURES (Petite mal)** – Symptoms consist of a simple staring spell that lasts less than one minute. No special first aid treatment is needed. Document any increase in frequency to the School Nurse for follow-up.
- COMPLEX PARTIAL SEIZURES (Focal or Jacksonian)** – Symptoms consist of repetitive purposeless and undirected motor activity such as rapid eye movements picking like movements of the hands, lip smacking. Student may interact with environment but seizure imposes certain limitations and is usually followed by altered consciousness; **may generalize** to secondary tonic/clonic seizures.

Postictal Care: \_\_\_\_\_

Additional considerations or precautions or dietary restrictions: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_