

Academy School District 20 Seizure Safety Plan

Name _____ Birthdate _____ Grade _____
Parent(s) _____ Phone(s) _____
Emergency contact _____ Phone(s) _____
Physician _____ Phone _____
Hospital preference _____
Type of seizure _____

Health Care Plan Goal: Identification of seizure activity, prevention of injury, and care during and after seizure

- ** Stay with student and remain calm.
- ** Protect student from injury by removing furniture and sharp objects from student's area. If available, place soft object under head.
- ** Note time of day and length/type of seizure.
- Help to ground if seizure has started or is suspected.
- Roll onto side to avoid choking.
- Keep hands away from student's mouth. Do not place anything in student's mouth.
- Expect that the student may momentarily appear to stop breathing.
- Student may be incontinent during seizure. Provide privacy for clean-up, including change of clothes as needed.
- Afterwards, student may be confused and tired. Re-assure and re-orient. Allow student to rest for 15-30 minutes as needed.
- ** Notify parents and school nurse.
- ** Call 911 if seizure lasts more than five minutes, if multiple seizures occur without recovery time, if this is first-time seizure, if student has diabetes, or if student is pregnant.
- ** Document on Seizure Record form.

** indicates steps for all seizures. Additional steps are for Grand Mal or Tonic-Clonic seizures only.

Seizure history

Diagnosed at age _____
Date of last seizure _____
Typical seizure description _____
Warning signs, if any _____
Length of typical seizure _____
Usual frequency of seizures _____
Seizure medications at home _____
Seizure medications at school _____
Other information _____

Symptoms may include: (check all those pertaining to your student)

Generalized

(Grand Mal or Tonic-Clonic)

- _____ loss of consciousness
- _____ stiffening of the head or neck (tonic phase)
- _____ jerking movements of arms or legs (clonic phase)
- _____ eyes rolling upward
- _____ loss of bladder or bowel control
- _____ shallow breathing with pale/bluish skin
- _____ seizure lasting 1-3 minutes
- _____ seizure followed by period of sleepiness lasting for minutes or hours

Absence
(Petit Mal)

- _____ brief loss of consciousness for 10-30 seconds
- _____ may look as if daydreaming or inattentive
- _____ not responding to voice or touch
- _____ lip smacking or twitching of eyelid or face
- _____ no recall of events afterwards
- _____ triggered by hyperventilation

Simple Partial
(Focal or Jacksonian)

- _____ no loss of consciousness - is awake and aware - only one part of brain is involved
- _____ short jerky movements of hands or mouth
- _____ head or eyes may turn to side
- _____ movements may proceed from one area of the body to another
- _____ may experience "pins and needles" sensation or feeling of numbness
- _____ may experience distorted environment or hear noises

Complex Partial

- _____ blank stare followed by random activity - only one part of brain is involved
- _____ may be somewhat aware or have distortion of consciousness
- _____ unaware of surroundings - seems dazed
- _____ actions are clumsy, not directed
- _____ symptoms are unique from individual to individual
- _____ usually followed by period of sleepiness in postictal stage

Atonic
(Drop Attack)

- _____ sudden loss of postural tone and consciousness
- _____ may be brief with sudden drop of head or fall
- _____ may be prolonged with fall - then remaining limp and unresponsive for seconds or minutes
- _____ more prolonged, usually followed by postictal drowsiness

Myoclonic

- _____ sudden brief massive muscle jerks
- _____ may involve whole body or parts of body
- _____ no loss of consciousness

PNES
(Pseudo Non-Epileptic Spells)

- _____ no EEG changes
- _____ underlying emotional cause (not necessarily trying to get attention)
- _____ eyes typically closed

**I give my permission for the information on this Health Care Plan to be shared with adults in the school setting that will be working with my child on a need-to-know basis, including Transportation.

**This Health Care Plan will remain in effect for the current school year.

**It is the responsibility of the parent to notify the school nurse, in writing, whenever there is a change in the student's health status or care.

**This Health Care Plan and any nurse delegation related to this plan are for use during normal operational school hours. After hours, call 911 or parent(s) for any medical emergencies or concerns.

Parent _____ Date _____

Teacher _____ Date _____

School Nurse _____ Date _____

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