

Standard Health Care Plan for Seizures

Nursing Diagnosis: Risk for Injury

Symptom	Action
<ul style="list-style-type: none"> • Change in consciousness. • Tingling or burning sensation on one side of the body. • Blank staring or daydreaming. • Automatic movements without awareness. 	<ol style="list-style-type: none"> 1. Assist student to safe position on cot or floor. 2. Attempt to get student's attention. 3. Notify parents or district nurse. 4. Monitor student until symptoms are gone.
<ul style="list-style-type: none"> • Loss of muscle tone. • Quick, sudden jerking. • Stiffening of body parts. • Loss of bowel or bladder control. 	<ol style="list-style-type: none"> 1. Remove objects that may cause injury if hit during seizure. 2. Cushion head. 3. Remove glasses. 4. Loosen tight clothing. 5. Turn the student on his/her side if able to keep the airway clear. 6. Do not put anything in the student's mouth 7. Do not restrain student. 8. Locate student's seizure medication if available. 9. Time the seizure. 10. Notify parents. 11. Notify district nurse. 12. Monitor student until parent arrives.

Call 911 if:

Symptom	Action
<ul style="list-style-type: none"> • Convulsive seizure <u>lasting longer than 5 minutes.</u> • Student has repeated seizures without regaining consciousness. • Student is injured or has diabetes. • Student has first time seizure. • Student has breathing difficulties. • Student has a seizure in water. 	<ol style="list-style-type: none"> 1. Call 911 2. Notify parents. 3. Notify nurse. 4. Monitor student until ambulance arrives. 5. Perform CPR if student stops breathing or if heart stops beating.

Medications must be provided by parents and require a signed *Medication Administration Permission Form*. The school cannot supply medications. Students may carry medication with a signed parent's permission form. Medications must be brought to school with a current pharmacy label.

Individualized Health Care Plan—Seizures

If you would like to develop an *Individualized Health Care Plan* for your student, please fill out the information below with signature and return to the school office. If an *Individualized Health Care Plan* is not returned to school, the *Standard Health Care Plan* will be in effect.

Student Name _____ Student ID _____ Grade _____

School _____ School Year _____ Date of Birth _____ Bus/Walk _____

Parent/Guardian _____ Phone Number _____

Parent/Guardian _____ Phone Number _____

My Student has this type of Seizure:	Convulsive (Tonic-Clonic/Grand Mal) _____ Absence (Petit Mal) _____ Other _____
Date of Last Seizure:	
My student's shows these symptoms when having a seizure:	
My student takes these medications for Seizures: (All medications administered at school require a <i>Medication Administration Permission Form</i>).	
In the event my student has a Seizure, do the following:	
Special considerations and precautions (regarding school activities, sports, field trips, transportation/bus etc.):	

I give permission to the school nurse and other properly trained and authorized staff members of the Medford 549C School District to perform and carry out the tasks as outlined by my child's Individualized Healthcare Plan. I also consent to the release of the information pertaining to my child's care to the staff members who have custodial care and those who may need to know this information to maintain my child's health and safety during the school day. **It is the parent's responsibility to provide medications.** If the health condition listed has changed I will inform my child's school or school nurse. This health care plan will be in effect while my student attends MSD.

Parent Signature _____ Date _____