

# Seizure Emergency Care Plan and Medication Orders for School and Childcare Settings

<b>PARENT/GUARDIAN complete and sign the top portion of form.</b>		Place child's photo here
Child Name:	Birth date:	
Parent/Guardian Contact:	Phone:	
Emergency Contact:	Phone:	
School:	Grade:	
<b>Triggers:</b> <input type="checkbox"/> tiredness <input type="checkbox"/> flashing lights <input type="checkbox"/> illness <input type="checkbox"/> hunger <input type="checkbox"/> temperature <input type="checkbox"/> Other: _____ <b>Seizure Aura (if any):</b> _____ <b>Seizure history:</b> <input type="checkbox"/> Convulsive <input type="checkbox"/> Focal <input type="checkbox"/> Absence Date of last known seizure _____ <b>Describe:</b> _____		
<b>Antiseizure Medication Taken at Home</b>	<b>Common side effects</b>	
<b>Other Seizure Treatments/Special Diet Therapy:</b>		

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

\_\_\_\_\_  504 plan  
 PARENT SIGNATURE                      DATE                      SCHOOL NURSE SIGNATURE                      DATE                       IEP

## HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

IF YOU SEE THIS:	DO THIS:
<input type="checkbox"/> <b>Convulsive Generalized Tonic Clonic:</b> You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.	<ol style="list-style-type: none"> <li>1. Time the seizure</li> <li>2. Keep calm. Provide reassurance.</li> <li>3. Protect head, keep airway clear, turn on side if possible.</li> <li>4. Do not place anything in mouth.</li> <li>5. Call 911 if student is injured or has difficulty breathing.</li> <li>6. Call parent.</li> <li>7. Stay with student until recovered from seizure.</li> <li>8. <b>Administer rescue treatments as marked below.</b></li> </ol>
<input type="checkbox"/> <b>Focal:</b> These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 minutes.	<ol style="list-style-type: none"> <li>1. Time the seizure</li> <li>2. Gently guide child away from danger.</li> <li>3. Stay with student and reassure them until recovered from seizure.</li> <li>4. Do not treat staring that is stopped by a touch or a nudge.</li> <li>5. Call parent.</li> <li>6. <b>Administer rescue treatments as marked below.</b></li> </ol>
<input type="checkbox"/> <b>Absence:</b> You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.	

<b>Rescue Treatments</b> <input type="checkbox"/> Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within _____ minutes.  If seizure <u>lasts longer</u> than ___ minutes administer: <table border="1" style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Diastat ___mg rectally</td> <td style="padding: 2px;"><input type="checkbox"/> Midazolam ___mg in the nose</td> <td style="padding: 2px;"><input type="checkbox"/> Clonazepam ___mg in the cheek</td> </tr> </table> <input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.  If <u>cluster</u> of ___ or more seizures in _____ min administer: <table border="1" style="width:100%; border-collapse: collapse; margin: 5px 0;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Diastat ___mg rectally</td> <td style="padding: 2px;"><input type="checkbox"/> Midazolam ___mg in the nose</td> <td style="padding: 2px;"><input type="checkbox"/> Clonazepam ___mg in the cheek</td> </tr> </table> <input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.  <b>If emergency medication is administered:</b> <input type="checkbox"/> Call 911 immediately or <input type="checkbox"/> Call 911 if seizure does not stop within 5 minutes <b>Other:</b> _____	<input type="checkbox"/> Diastat ___mg rectally	<input type="checkbox"/> Midazolam ___mg in the nose	<input type="checkbox"/> Clonazepam ___mg in the cheek	<input type="checkbox"/> Diastat ___mg rectally	<input type="checkbox"/> Midazolam ___mg in the nose	<input type="checkbox"/> Clonazepam ___mg in the cheek
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**If no emergency medication is at school and the child is experiencing seizures:**  
 Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than \_\_\_ min  
**Accommodations:** Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

\_\_\_\_\_ HEALTH CARE PROVIDER SIGNATURE    PRINT PROVIDER'S NAME    \_\_\_\_\_ PHONE/FAX    \_\_\_\_\_ DATE