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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Description: Description: Description: Description: Description: C:\Users\stearnsr\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\RI03ZLPU\ISDLogo1.jpg | | | | | **SEIZURE**  **Emergency Care Plan/504** | | | | | | | | | | |  |
| Student Name: | | | |  | | | | |  | |
| DOB: | | | |  | | | | Grade: |  | |
| School: | | | |  | | | | Year: |  | |
| Teacher: | | | |  | | | |  |  | |
| Transportation: | | | | | Walk | | | | Car | | | Bus | | | |  | | |  |
| Address: | | | | |  | | | | | | | Primary Phone: | |  | | | | | |
| Guardian 1 Name: | | | | |  | | | | | | | Cell: | |  | | | | | |
| Work: | |  | | | | | |
| Guardian 2 Name: | | | | |  | | | | | | | Cell : | |  | | | | | |
| Work: | |  | | | | | |
| Physician: | | | | |  | | | | | | | Phone: | |  | | | | | |
| Daily Medication: | | | | |  | | | | | | | Allergies: | |  | | | | | |
| **Vagus Nerve Stimulator** | | | | Yes 🗆 | | | | No 🗆 |  | | | | | | | | | | |
| **Type of Seizures:** (Enter diagnosis here) | | | | | | | | | | | | | | | | | | | |
| Seizure History | | |  | | | | | | | | | | | | | | | | |
| Triggers | | |  | | | | | | | | | | | | | | | | |
| Special Precautions | | |  | | | | | | | | | | | | | | | | |

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| **EMERGENCY INTERVENTION** | |
| **Seizure Observed** | **Immediate Response** |
| **Grand Mal (Tonic-Clonic)**  *Muscles tense, body rigid, followed by a temporary loss of consciousness and shaking of entire body.  Usually lasts 2-5 minutes*  Additional Student Information: | |  |  | | --- | --- | | **'** | **Follow Licensed Healthcare Provider order for when to call 911. Notify Parents.** | | **'** | Stay calm & track time | | **'** | Keep child safe, Clear area, Protect head | | **'** | Do not restrain the student | | **'** | Do not put anything in mouth, turn on side | | **'** | Keep airway open/watch breathing | | **'** | Stay with child until fully conscious | | **'** | Document Seizure | |
| |  |  | | --- | --- | | **Seizure is an Emergency When:** | | | **'** | Convulsive (Tonic-Clonic) seizure lasts longer than 5 min | | **'** | Repeated seizures without regaining consciousness | | **'** | Student is injured or has diabetes | | **'** | Student has a first-time seizure | | **'** | Student has breathing difficulties | | **'** | Student has a seizure in water | | **'** | Diastat has been administered | | **Call 911**  **Call Parents** |
| Additional Student Information: |
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| **CONFIDENTIAL INFORMATION** | page 1 | **SHRED PRIOR TO DISCARD** |

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| Student Name: |  | | **SEIZURE ECP/504** | Age: |  | Grad Year: |  |
| **EMERGENCY INTERVENTION** -CONTINUED | | | | | | | |
| **Petit Mal:**  *Staring spells. May drop object(s) or may stumble momentarily. Usually lasts 2-5 minutes*  **Psychomotor Seizure:**  *Some degree of impairment of consciousness may be accompanied by automatic movements like lip smacking, roaming, and* ***non-goal oriented activity*** *. May last several seconds or minutes*. | | |  |  | | --- | --- | | **'** | Stay calm and track time | | **'** | No first aid needed unless seizure becomes convulsive or student is injured | | **'** | Keep student safe | | **'** | Stay with student until seizure ends | | **'** | Notify the parent | | **'** | Document Seizure | | | | | | |

Custom Defaults

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| **Section 504** | | | | | | | |
|  |  | **I** **acknowledge the evaluation and accommodation plan here provided, and have received a copy of Section 504 Parent/Student rights.** | | | | | |
| **EMERGENCY CONTACTS** | | | | | | | |
|  |  | | **Name** |  | **Phone** |  | **Relationship** |
|  | 1. | |  |  |  |  |  |
|  | 2. | |  |  |  |  |  |
|  | 3. | |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Parent Signature: |  | | | Date: |  |
| School Nurse : |  | | | Date: |  |
| **A copy of the Health Care Plan will be kept in the school office and copies will be given to all District staff members involved with the student**. | | | | | |
| **CONFIDENTIAL INFORMATION** | | page 2 | **SHRED PRIOR TO DISCARD** | | |