SEIZURE HEALTH CARE PLAN

School District 622
NORTH ST. PAUL | MAPLEWOOD | OAKDALE
Ready for tomorrow

MoundsPark
ACADEMY

STUDENT INFORMATION

Student's Name:_____ Date of Birth:_____

School: _____ Grade:_____ Teacher:_____ Room:_____

Parent/Guardian:_____ Home Phone:_____

Address:_____ Work/Cell Phone:_____

Parent/Guardian:_____ Home Phone:_____

Address (if different):_____ Work/Cell Phone:_____

OTHER EMERGENCY CONTACTS:

Name:_____ Phone: _____ Relationship:_____

Name:_____ Phone: _____ Relationship:_____

Treating Physician:_____ Clinic:_____ Phone:_____

SEIZURE INFORMATION:

Age of Onset: _____

- Types of seizures usually seen: (check all that apply)
  - ☐ Tonic-clonic (grand mal) ☐ Simple ☐ Absence (petit mal)
  - ☐ Myoclonic (minor motor) ☐ Febrile (fevers)
  - ☐ Astatic (drop) ☐ Partial onset-- generalized
  - ☐ Complex with preceding aura_____
  - ☐ Other _____
- Status Epilepticus: ☐ Yes ☐ No If yes, last occurrence: _____
- Date of last seizure: _____
- **Usual signs and symptoms: (Check <u>all</u> that apply)**
  - ☐ Sensory or mental aura ☐ Purposeless movement ☐ Loss of awareness
  - ☐ Loss of consciousness ☐ Fluttering eyelids ☐ Loss of control
  - ☐ Falls down ☐ Change in learning performance ☐ Confusion
  - ☐ Muscle rigidity (tonic phase) ☐ Rhythmic convulsions ☐ Headache (after)
  - ☐ Twitching/jerking of body parts ☐ Repeating acts/movements ☐ Drowsy/sleepy
  - ☐ Blank stare ☐ Aimless wandering
  - ☐ Other: _____
- **Known triggers for seizures:**
  - ☐ Bright lights ☐ Fatigue ☐ Stress ☐ Loud noises ☐ Fever
  - ☐ Hunger ☐ Other: _____

DAILY MANAGEMENT PLAN WHILE IN SCHOOL

Activity Restrictions: _____

Special Equipment Requirements: _____

Special Diet: _____

Daily Medications: (Name, dose, route, time given)

- _____
- _____
- _____

List Side Effects (if any):

_____
_____
_____

BASIC SEIZURE FIRST AID PLAN:

- ✓ Stay calm and track time
- ✓ Keep child safe
- ✓ Do not restrain
- ✓ Do not put anything in mouth
- ✓ Stay with child until fully conscious
- ✓ Record seizure in log

For tonic-clonic seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:

- ✓ Convulsive (tonic-clonic) seizure lasts more than 5 minutes.
- ✓ Student has repeated seizures without regaining consciousness.
- ✓ Student is injured or has diabetes.
- ✓ Student has first-time seizure
- ✓ Student has breathing difficulties.
- ✓ Student has seizure in water.

- **NUMBER THE EMERGENCY ACTIONS IN ORDER TO BE FOLLOWED:**
  - ____ Call parent/guardian
  - ____ Call doctor
  - ____ Call 911: Instruct transport to _____ Hospital.
  - ____ Emergency medication:
    - Medication:_____
    - Dose: _____
    - Route: _____
    - May medication be repeated? □ Yes □ No When? _____
- **FOR ALL SEIZURES DOCUMENT THE FOLLOWING:**
  - ✓ What happened before, during, and after the seizure
  - ✓ Time seizure started
  - ✓ Length of seizure
  - ✓ What parts of body were involved and how
- We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child.
- The school district intends to use the requested information to provide for child's health and safety while at school.
- The information you provide will be shared only with staff in the school district whose jobs require access to this information to ensure your child's safety.
- If we are unable to reach you or your designee during an emergency, we will call 911 for assistance if needed.

I give permission for the school health services staff to consult with my child's physician about questions regarding the listed medication/medical condition

School Nurse: _____ Date: _____

Parent/Guardian: _____ Date: _____

Physician: _____ Date: _____