

**Maine Township High School  
Seizure Health Care Plan**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ ID#: \_\_\_\_\_

**Seizure Information**

Seizure Type	Length	Frequency	Description

**Signs and symptoms:** *(Please check the symptom(s) that occur before seizure)*

- |  |  |
|--|--|
| <input type="checkbox"/> Aura  | <input type="checkbox"/> Loss of consciousness: may fall to ground |
| <input type="checkbox"/> Generalized convulsions involving entire body | <input type="checkbox"/> Involuntary loss of urine or feces        |
| <input type="checkbox"/> Pallor or skin discoloration                  | <input type="checkbox"/> Staring/blank gaze/dreaming               |
| <input type="checkbox"/> Labored (noisy) breathing                     | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Dilation of Pupils                            | _____  |

Is the student aware of impending seizure activity?       Yes     No

**Emergency Plan for a Seizure**

- **Remain Calm**
- **Notify School Nurse at x8199**
- **If falling or generalized jerking occurs, lower to floor**
- **Time the Seizure** Observe pattern of the seizure and be prepared to describe it
- **Gently support head to side position, Loosen clothing at neck and waist: remove eyeglasses (if applicable)**
- **Protect student by moving items away that may cause injury –e.g., desks, chairs**
- **Have another classroom adult remove/direct students from the area**
- **Do not restrain student**
- **Do not place anything in student's mouth**
- **Call 9-1-1 if students exhibits:**
  - **Absence of breathing and/or pulse (Start CPR for absence of breathing and pulse)**
  - **Seizure of 5 minutes or greater duration**
  - **Two or more consecutive(without period of consciousness between) seizures which total 5 minutes or greater**
  - **No previous history of seizure**
  - **Injured or has diabetes**
  - **Continued unusually pale or bluish skin/lips or noisy breathing after seizure has stopped**
  - **Has a seizure in water**
  - **After \*Diastat is administered (if ordered)**
- **Notify Parent/Guardian** *\*Authorization and Permission for Administration of Medication must be completed\**

**Following a Seizure, if Diastat NOT administered** *(Please check off)*

- Notify Parent/Guardian**
- Transport to ER via ambulance**
- Send Student Home with Parent/Guardian**
- Student may rest in the Health Office and then Return to Class**

Special Considerations and Precautions (regarding school activities, PE, etc.) \_\_\_\_\_

Any other Significant Medical History: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_