

**INDIVIDUALIZED HEALTHCARE PLAN (IHP)  
SEIZURES**

**STUDENT NAME:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Student Address:**  
**Home Phone:**  
**Parent/Guardian:**  
**Day/Work Phone:**  
**Healthcare Provider:**  
**Provider Phone:**  
**IHP Written By:**

**School:**  
**Teacher/Counselor:**  
**Grade:**  
**IHP Date:**  
**IEP Date:**  
**Review Date(s):**  
**ICD-9 Codes:**

**Parental/Guardian statement:** *I/We have read this plan and agree to its implementation.*  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcome
	Risk for injury from falling during seizure activity	The student will (if developmentally able) demonstrate safety measures, when aura presents prior to seizure, in order to prevent injury.	Reduce or remove factors that may cause or contribute to injury during a seizure.  Provide student-specific information to selected school personnel for student: - Type of seizure, treatment regimen, including medication side effects - Precautions, safety issues - First aid care for immediate and recovery care - Emergency plan of care and follow-up - Evacuation plan	The student will not sustain injury during seizure while at school.  The student will (if developmentally able) describe symptoms that accompany an aura.  The student will wear a medical alert bracelet.

STUDENT NAME: \_\_\_\_\_ DOB \_\_\_\_\_

Parental/Guardian Statement: *I/We have read this plan and agree to its implementation.*  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
	Risk for fatigue related to: - type of seizure activity - frequency of seizure activity - severity of seizure activity	The student will (as developmentally appropriate) assist in the decision-making process regarding health management issues at school.	Provide student-specific information to selected school personnel for student: - Type of seizure, treatment regimen, including medication side effects - Precautions, safety issues - First aid care for immediate and recovery care - Vegas nerve stimulator magnet application - Seizure log documentation - Emergency plan of care and follow-up - Evacuation plan	The student will ask the teacher for clarification of instructions or directions that were missed on account of seizure activity (if student is aware that a seizure has occurred).  The student will follow schedule that allows for regular meals, sleep, and rest times.  The student will wear a medical alert bracelet.  The student will develop positive coping mechanisms.

