SEIZURE MEDICAL MANAGEMENT PLAN

(MUST be FILLED OUT COMPLETELY by PHYSICIAN/HEALTHCARE PROVIDER)

Name: ________________________________ D.O.B. ________________School Yr.__________

Grade: ___________ Teacher: ____

Parent: ____________________________________ Primary Phone #: _____________________

Physician: _______________________________________ Phone: ________________________

Seizure Information: Aura before seizure? Yes ☐ No ☐ Age when diagnosed: _________

Seizure Triggers or Warning Signs: ____

Student's Response after seizure: ____

Seizure Type	Length	Frequency	Description	Last Seizure Date

Treatment Protocol during School Hours:

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Basic First Aid and Comfort: (*Please describe additional first aid procedures).*

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Does student need to leave the classroom after a seizure? ☐ Yes ☐ No
If YES, describe process for returning student to classroom.

____

Emergency Response:
A "seizure emergency" for this student is defined as: ___________________

____

Seizure Emergency Protocol:

☐ Call 911 for transport to ____

☐ Notify parent or emergency contact

☐ Notify doctor

☐ Administer Diastat ____mg: Give ____mg per rectum for seizures > _______ minutes: or in clusters > ____ seizures in 1 hour.

☐ Call 911 if the seizures do not stop ____ minutes after you give the rescue medication or if child has problems breathing during or after 3 seizures.

☐ Other ____

Does the student have a Vagus Nerve Stimulator? ☐ Yes ☐ No If yes, describe magnet use:

____

☐ Call 911 if still seizing after ___ swipes. ☐ Wait ___ minutes between swipes. ☐ Give __ swipes before any emergency medication.

Special Considerations and Precautions: (*regarding school activities, sports, field trips, helmet use, etc.)*

____

Basic Seizure First Aid:

- ✓ 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 (grand mal) seizure

A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured, has diabetes or is pregnant

Authorization for Health Care Provider and School Nurse to Share Information:

I authorize my child's school nurse to assess my child as regards his/her special health care needs and to discuss these needs with my child's physician as needed throughout the school year. I understand this is for the purpose of generating a health care plan for my child. I understand I may withdraw this authorization at any time and that the authorization must be renewed annually.

Parent/Guardian Signature____Date____________________

Doctor's Signature____ Date____________________

(Required)

Signature below indicates that the plan is reviewed and appropriate documentation is complete.

School Nurse Signature____ Date_______________________