

SEIZURES

INDIVIDUAL HEALTH CARE PLAN School Year:

| Student Name | Grade | Teacher (if applicable) |
|--------------|-------|-------------------------|
|--------------|-------|-------------------------|

|           |                   |
|-----------|-------------------|
| Parent #1 | Preferred Contact |
| Parent #2 | Preferred Contact |

**Health Concern Description: SEIZURES** are the result of sudden, abnormal electrical activity in the brain. There are many types of seizures, with some having mild symptoms. Seizures are classified into two main categories: partial and primary generalized. **Partial seizures** happen in just one part of the brain. Subcategories of partial seizures include Simple Partial and Complex Partial. **Primary generalized seizures** are a result of abnormal activity on both sides of the brain. Subcategories of generalized seizures include Absence, Myoclonic, Clonic, Tonic-clonic, Tonic, and Atonic. Determining the cause of seizures may be very difficult. Seizures can result from birth trauma, stroke, brain tumor, medication, or alcohol and drugs. Seizures may also be present with certain genetic or congenital conditions, fever/infections, neurological issues, or the cause may be unknown (idiopathic). Treatment options target the reduction or removal of seizure activity from day to day life and include oral antiepileptic medications (primary treatment option); surgery (removal of the portion of the brain causing the seizures); diet therapy (ketogenic, modified Atkins, and low glycemic diets); vagus nerve therapy (VNS) (a battery operated device placed in the chest wall with wires wrapped around the vagus nerve in the neck to control seizures by sending small, measured, time-interval electrical pulses of energy to the brain); other brain stimulation treatments (similar to a thermal cardiac ablation); behavioral therapy; and participation in various research and clinical trials.

**Date of last seizure:**  
**This student’s typical seizure pattern/type includes:**  
**Possible triggers:**  
**Warning signs/behaviors (aura) prior to seizure activity:**  
**Current preventive treatment includes:**

**Other related medical conditions:**

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| <p><b>Nursing Diagnoses</b></p> <ul style="list-style-type: none"> <li>• Risk of injury</li> <li>• Risk of ineffective breathing patterns</li> <li>• Risk of aspiration</li> <li>• Risk of ineffective health management</li> </ul> | <p><b>Nursing Interventions</b></p> <ul style="list-style-type: none"> <li>• Reduce or remove factors that may cause or contribute to injury during a seizure</li> <li>• Provide student-specific information to selected school personnel for student to include, type of seizures, treatment regimen, safety issues, first aid care, emergency plan of care, seizure log documentation, evacuation plan</li> <li>• Encourage student to communicate needs related to seizure activity including notifying a staff member when an aura presents</li> <li>• Support student in expressing emotional needs to adults</li> </ul> |
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| <b>Expected Student Outcomes/Self-Care</b> (Summarize pertinent information for school staff from health intake form)   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| Wears medical alert jewelry   |            |           |
| Has basic understanding of seizure disorder   |            |           |
| Recognizes aura or behavior prior to seizure activity   |            |           |
| Is knowledgeable about prescribed rescue treatment plan (if applicable)   |            |           |
| Self-carries seizure emergency medication/equipment (requires healthcare provider order).<br>If yes, list specific medication/equipment student carries in "Other" space below. |            |           |
| <b>Other:</b>   |            |           |
|   |            |           |

**Student Outcome Goals:**

**Current Section 504 plan**  No  Yes (If yes, refer to the Section 504 plan for the Management and Modifications section instead of the Management & Modifications table below.)

| <b>Management &amp; Modifications</b>     | <i>Leave this section blank if attaching a Section 504 plan. This column provides example management and modifications in italicized font. Replace italics with student's individualized plan.</i>   |
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| <b>In all settings - DURING a Seizure</b> | <ul style="list-style-type: none"> <li>• <i>Always stay with the student</i></li> <li>• <i>Note the time seizure starts and ends</i></li> <li>• <i>Protect student from injury by moving student to the floor &amp; moving furniture and objects out of the way</i></li> <li>• <i>Place something flat and soft under the student's head</i></li> <li>• <i>Do not restrain student or put anything in their mouth</i></li> <li>• <i>Loosen any tight clothing around neck area to assist breathing and remove glasses if applicable</i></li> <li>• <i>Position student on side to avoid choking on saliva or especially, if student vomits during seizure</i></li> <li>• <i>Remain with student until conscious and no longer confused</i></li> <li>• <i>CPR should NOT be given during a seizure</i></li> </ul> |
| <b>In all settings - AFTER a Seizure</b>  | <ul style="list-style-type: none"> <li>• <i>Allow student to rest</i></li> <li>• <i>Contact parent/guardian: discuss if student should go home, return to class or rest</i></li> <li>• <i>Reassure student &amp; gently re-orient as consciousness returns. Student may feel disoriented</i></li> <li>• <i>Document the seizure; length of seizure, what happened before, during &amp; after</i></li> <li>• <i>If other students present during the seizure, reassure them &amp; discuss what happened. Discuss confidentiality, encourage them to support student's privacy &amp; concern of embarrassment</i></li> </ul>   |
| <b>Transportation to and from school</b>  | <p><b><i>If student rides the school bus:</i></b></p> <ul style="list-style-type: none"> <li>• <i>If student exhibits seizure symptoms while on the bus, driver will pull over, monitor seizure activity, and assist student as needed.</i></li> <li>• <i>Driver may need to notify transportation office (dispatch) and request to call &amp; notify Parent/Guardian</i></li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• <i>Driver should always remain with student until student is conscious and able to return to their bus seat</i></li> </ul>   |
| Field Trips  | <ul style="list-style-type: none"> <li>• <i>Prior to field trip, determine if field trip might expose student to seizure triggers (e.g. bright strobe lights)</i></li> <li>• <i>Emergency Medication or equipment should NOT be left in a backpack on the bus or with a Staff Member who is not with the student</i></li> <li>• <i>Trained Staff Member or School Nurse remains with student on field trips if student IS NOT authorized to self-carry medications</i></li> </ul> <p><b>If student IS authorized to self-carry medications:</b></p> <ul style="list-style-type: none"> <li>• <i>Student will keep medication on person at all times. Staff Member or School Nurse will administer emergency medication(s) and assist student as necessary</i></li> </ul> <p><input type="checkbox"/> <i>Other (please specify): _____</i></p>   |
| Classroom  | <ul style="list-style-type: none"> <li>• <i>Avoid student's known seizure triggers in classroom</i></li> <li>• <i>Should not operate power tools at school (per healthcare provider order)</i></li> <li>• <i>Should not operate other heavy equipment at school (per healthcare provider order)</i></li> <li>• <i>Dietary restrictions for breakfast/lunch/classroom treats if applicable</i></li> </ul>  |
| Physical Education and/or Recess                       | <ul style="list-style-type: none"> <li>• <i>Monitor for seizure symptoms and follow "During and After A Seizure" information as noted above.</i></li> <li>• <i>Avoid heights/climbing in PE class (per healthcare provider order)</i></li> <li>• <i>Avoid swimming alone or other swimming restrictions (per healthcare provider order)</i></li> </ul>  |
| Before and after school activities                     | <ul style="list-style-type: none"> <li>• <i>Student participates in:</i></li> <li>• <i>Trained Staff Members to be present at all times</i></li> <li>• <i>If student exhibits signs or symptoms of seizure activity follow "During and After a Seizure" information as noted above.</i></li> <li>• <i>Staff Member will follow EAP, activate EMS if necessary, call Parent/Guardian and remain with student</i></li> <li>• <i>Dietary restrictions for snacks if applicable</i></li> </ul>  |
| Emergency Action Plan (EAP) and/or Seizure Action Plan | <p><b>See attached. Note: seizures that stop on their own within a few minutes should not be considered a medical emergency. Examples of available templates to address seizures lasting longer than 5 minutes or 5 minutes of cluster of seizures include:</b></p> <p><a href="https://www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf">https://www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf</a></p> <p><a href="https://www.aap.org/en-us/Documents/Seizure_Action_Plan_for%20School.pdf">https://www.aap.org/en-us/Documents/Seizure Action Plan for%20School.pdf</a></p> <p><b>EAP to include instructions for student's individually prescribed emergency medication/equipment (e.g. diazepam rectal gel, midazolam intranasally, lorazepam or clonazepam orally, VNS magnet, etc.)</b></p> <p><b>Fact sheet for VNS available at this link:</b></p> <p><a href="https://www.kennedykrieger.org/sites/default/files/library/documents/community/specialized-health-needs-interagency-collaboration-shnic/factsheets-medical-conditions/shnic-seizure-factsheet.pdf">https://www.kennedykrieger.org/sites/default/files/library/documents/community/specialized-health-needs-interagency-collaboration-shnic/factsheets-medical-conditions/shnic-seizure-factsheet.pdf</a></p> |

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|  | <p><b>Emergency Care Plan for a VNS available at this link:</b><br/> <a href="https://www.kennedykrieger.org/sites/default/files/library/documents/community/specialized-health-needs-interagency-collaboration-shnic/information-school-nurses/emergency-care-vagus-nerve-stimulator.pdf">https://www.kennedykrieger.org/sites/default/files/library/documents/community/specialized-health-needs-interagency-collaboration-shnic/information-school-nurses/emergency-care-vagus-nerve-stimulator.pdf</a></p> <p><b>EAP to include Call 911 for:</b></p> <ul style="list-style-type: none"> <li>• A seizure lasting longer than _____ minutes</li> <li>• ANY signs of respiratory distress (turns blue/stops breathing) during or after seizure of any length</li> <li>• Slow recovery, a second seizure, or difficulty breathing afterwards</li> <li>• If a student has a seizure in water</li> <li>• Any signs of injury/illness that could have caused the seizure (head injury, diabetes, heat stroke)</li> <li>• Any significant injury that occurred during the seizure</li> <li>• Other:</li> </ul> <p><b>Staff who have received delegation training include (name and date of training):</b></p> |
| Emergency Preparedness Incident Response | <ul style="list-style-type: none"> <li>• School Nurse or Staff Member will secure EAP in accordance with school emergency preparedness and response plan</li> <li>• In the event of building evacuation, School Nurse, or Staff Member will evacuate with EAP</li> <li>• Student requires assistance during drill (event/building evacuation) or emergency response?<br/> <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", describe:</li> <li>• Other:</li> </ul>  |

| Written Notes/Addendum to Plan of Care |       |                |
|--|-------|----------------|
| Date                                   | Notes | Nurse Initials |
|  |       |                |
|  |       |                |
|  |       |                |

|                     |             |
|---------------------|-------------|
| <b>School Nurse</b> | <b>Date</b> |
|---------------------|-------------|

|                         |             |
|-------------------------|-------------|
| <b>Parent Signature</b> | <b>Date</b> |
|-------------------------|-------------|