School District Name Here

**Sample Seizure Disorder - Emergency Care Plan**

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| Name: | DOB: |
| Teacher/Grade/HR: | Date: |
| **Emergency Contact Information** |
| **Name** | **Relationship** | **Phone number** |
|  | ¨ Parent/Guardian🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Seizure Information** |
| **Type** | **Duration** | **Frequency** | **Description of What Happens** |
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Student-specific seizure triggers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student-specific symptoms (aura) that signal a seizure may be coming: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Check Student Specific Signs and Symptoms**  |
| 🞎 Confusion🞎 Difficulty talking🞎 Convulsions🞎 Staring🞎 Rigid/tense muscles🞎 Change in skin color🞎 Loss of awareness  | 🞎 Unable to see /hear🞎 Repeated eye blinking🞎 Feeling of panic, fear, or impending doom🞎 Unable to swallow, drooling🞎 Tremors, twitching, or jerking movements🞎 Lip smacking or chewing movements🞎 Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Emergency Medication ordered: ¨Yes ¨No Medication location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Seizure Medication can only be administered by appropriately licensed health professionals.**

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| **Take these Actions** |
| * **Contact nurse at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Keep student safe; remove harmful objects from area and protect head.
* Do not restrain or put objects in mouth. Turn on side if not awake and aware.
* Stay with the student.
* **\***Student has Vagal Nerve Stimulator: ¨Yes ¨No

**\*Unlicensed personnel may use if trained by RN/PA/NP/physician** |
| **Call 911 if: check all that apply** |
| ¨ Seizure with loss of consciousness longer than \_\_\_\_minutes, not responding to rescue medication.¨ Student has repeated seizures without regaining consciousness.¨ Student injury has occurred or suspected, or seizure occurred in water.¨ Student is having difficulty breathing after the seizure.¨ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| School Nurse (RN) Name & Date: | Copy to Parent (Optional) ¨ |