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) ¨ |