Seizure Emergency Care Plan and Medication Orders for School and Childcare Settings

PARENT/GUARDIAN complete and sign the top portion of form.		Place child's photo here
Child Name:	Birth date:	
Parent/Guardian Contact:	Phone:	
Emergency Contact:	Phone:	
School:	Grade:	

Triggers: ☐ tiredness ☐ flashing lights ☐ illness ☐ hunger ☐ temperature ☐ Other: _____
Seizure Aura (if any):_____
Seizure history: ☐ Convulsive ☐ Focal ☐ Absence Date of last known seizure _____
Describe:_____

Antiseizure Medication Taken at Home	**Common side effects**

Other Seizure Treatments/Special Diet Therapy:

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our health care provider. I assume full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

_____ _____ _____ _____ ☐ 504 plan
PARENT SIGNATURE DATE SCHOOL NURSE SIGNATURE DATE ☐ IEP

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

IF YOU SEE THIS:	**DO THIS:**
☐ **Convulsive Generalized Tonic Clonic**: You will see loss of consciousness. Stiffening of the body. Rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. The child may have a warning (aura) before the seizure. Sleepiness and confusion may occur after the seizure.	1. Time the seizure 2. Keep calm. Provide reassurance. 3. Protect head, keep airway clear, turn on side if possible. 4. Do not place anything in mouth. 5. Call 911 if student is injured or has difficulty breathing. 6. Call parent. 7. Stay with student until recovered from seizure. 8. **Administer rescue treatments as marked below.**
☐ **Focal**: These seizures may begin with an aura. They may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes.These seizures usually last 1-2 minutes.	1. Time the seizure 2. Gently guide child away from danger. 3. Stay with student and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch or a nudge. 5. Call parent. **6. Administer rescue treatments as marked below.**
☐ **Absence**: You will see quick changes in alertness. May see eye flutter or small twitching. Usually last less than 10 seconds.	

Rescue Treatments

☐ Child has a VNS. Child/staff may swipe with aura. Staff may swipe at onset of seizure and every 60 seconds until seizure stops. Give rescue medications below if seizure does not stop within _____minutes.

If seizure lasts longer than ___ minutes administer:

☐ Diastat ___mg rectally	☐ Midazolam ___mg in the nose	☐ Clonazepam ___mg in the cheek

☐ Multistep seizure rescue plan – Please see attached letter for details.

If cluster of ___ or more seizures in _____ min administer:

☐ Diastat ___mg rectally	☐ Midazolam ___mg in the nose	☐ Clonazepam ___mg in the cheek

☐ Multistep seizure rescue plan – Please see attached letter for details.

If emergency medication is administered: ☐ Call 911 immediately or ☐ Call 911 if seizure does not stop within 5 minutes

Other:

If no emergency medication is at school and the child is experiencing seizures:
Call family to bring medications to school or pick up child. Call EMS if seizure lasts more than___ min

Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

_____ _____ _____ _____
HEALTH CARE PROVIDER SIGNATURE PRINT PROVIDER'S NAME PHONE/FAX DATE