**Seizure Individual Health Care Plan**

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ 504 Plan \_\_\_\_\_\_\_\_\_ IEP

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| STUDENT INFORMATION  |
| Student: | School Year:  | School: |
| Date of Birth: | Age: | Grade: |
| Parent/Guardian: |
| Lives with: \_\_\_\_ Both Parents \_\_\_\_Mother \_\_\_\_ Father \_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Parent/Guardian Phone: | Parent/Guardian Phone: |
| Parent/Guardian Cell: | Parent/Guardian Cell: |
| Other Contact: |  |
| Physician: | Phone: |
| Physician: | Phone: |
| School Nurse: | Phone: |
| MEDICAL CONDITION |
| ALLERGIES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NKDA ☐ |

Hospital Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SEIZURE INFORMATION |
| Seizure Type | Length | Frequency | Description |
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Seizure triggers or warning signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students reaction to seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  SIGNS OF SEIZURE: CHECK BEHAVIORS THAT APPLY TO STUDENT |
| **SIMPLE SEIZURES** | **GENERALIZED SEIZURES** | **DANGER SIGNS****CALL 911** | **BEHAVIORS EXPECTED****AFTER SEIZURE** |
| ☐ Lip smacking☐ Behavior outbursts☐ Staring☐Twitching☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Sudden cry or squeal☐ Falling down☐ Rigid or Stiffness☐ Thrashing or jerking☐ Loss of bladder/bowel control☐ Shallow breathing☐ Stops breathing☐ Blue color to lips☐ Froth from mouth☐ Gurgling or grunting sounds☐ Loss of consciousness☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Seizure that lasts more than 5 minutes. Another seizure starts right  after 1st. Loss of consciousness Stops breathing If student has diabetes If seizure is a result of injury, or child is injured during  seizure If student is pregnant If student has never had a seizure before |  Tiredness Weakness  Sleeping or difficult to arouse Confused Regular breathing Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ALL OF ABOVE CAN LAST A FEWMINUTES TO A FEW HOURS! |

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| **IF YOU SEE THIS** | **DO THIS** |
| **SEIZURE ACTIVITY** | Stay calm, move surrounding objects to avoid injury. Do not hold student down or put anything in themouth. Loosen clothing as able. After seizure stops, roll student on his/her side. Document seizure activity on log. If applicable, administer seizure medications as ordered by doctor. Notify parent/guardian. If applicable place student on supplemental oxygen. |
| **STOPS BREATHING** | Begin CPR/Rescue breathing. Call 911 |
| **LOSS OF BOWEL/BLADDER** | If necessary assist with changing of clothes after seizure |
| **DANGER SIGNS – SEE ABOVE** | Call 911, then call parent/guardian |
| **FALLS DOWN, or LOSS OF****CONSCIOUSNESS** | Help student to floor for observation and safety |
| **VOMITING** | Turn on side |

Emergency/rescue medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*Possible side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\* A completed Medication Authorization Form must be signed by both parent and physician and on file before any**

 **medication can be given or carried at school.**

Location of medication: \_\_\_\_\_\_\_\_\_\_\_ office \_\_\_\_\_\_\_\_\_\_\_ with teacher \_\_\_\_\_\_\_\_\_\_\_ with student \_\_\_\_\_\_\_\_\_\_ nurses office

Does student have a Vagus Nerve Stimulator (VNS)? \_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_ no

 If yes, describe magnet use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SPECIAL CONSIDERATIONS (school activities, sports, trips, and transportation) |
| ☐ see attached plan (if applicable) |
| SPECIALIZED EQUIPMENT |
|  |
| TRAINED STAFF |
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As a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give my permission to the school nurse and other trained designated staff to perform and carry out the seizure tasks as outlined in this Seizure Individual Health Plan (IHP). I understand that the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student’s health status or care. Parent/Guardian are responsible for the maintaining of necessary supplies, medications and equipment.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_