

**TSD Seizure Emergency Care Plan\* & Procedures (\*May supplement IEP or 504 Plan)**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Gr:** \_\_\_\_\_ **Sch:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Health Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_

\_\_\_\_\_ #: \_\_\_\_\_ #: \_\_\_\_\_

**Emergency Contact(s)** \_\_\_\_\_ #: \_\_\_\_\_

**Site Nurse:** \_\_\_\_\_ #: \_\_\_\_\_ **pager:** \_\_\_\_\_

**Definition:**

**Seizures** are caused when the brain's neuron cells become overactive and discharge an electrical burst in a sudden, abnormal and disorderly manner. The electrical burst may result in a convulsive seizure, which is a loss of consciousness with jerking of the arms and legs. Or the seizure may be less obvious, such as a brief staring spell or a twitching of the face. **Epilepsy** (Seizure disorder) is a disorder where a person has recurrent seizures. Seizures can result from head injuries, infections, tumors, strokes, or exposure/withdrawal from certain drugs. However, in about 50% of people with epilepsy, there is no known cause.

<b>Type:</b>	<b>First Aid Treatment:</b>	<b>After the Seizure:</b>	<b>911 Emergency</b>
<p><b>Tonic-Clonic: (Grand Mal)</b></p> <ul style="list-style-type: none"> <li>• May cry out and fall to floor</li> <li>• May stiffen (tonic); jerk (clonic)</li> <li>• May lose bladder/bowel control</li> <li>• Breathing shallow; may stop briefly</li> <li>• After seizure may be confused, tired, or belligerent</li> </ul> <p>SeizureCP&amp;ER8-12-09</p>	<ol style="list-style-type: none"> <li>1. Remain calm and keep other students calm</li> <li>2. Ease child to floor (or have child remain in wheelchair or bus seat); clear area to protect from injury</li> <li>3. If child is on the floor turn on side to keep airway open and put something soft under child's head</li> <li>4. Do not put anything in child's mouth or give fluids</li> <li>5. Do not restrain movements</li> <li>6. Call 911 if seizure becomes a medical emergency and lasts longer than 5 minutes (generally) or if one seizure follows another</li> <li>7. Other _____</li> <li>8. _____</li> <li>9. _____</li> </ol>	<ol style="list-style-type: none"> <li>1. When consciousness returns, reassure and reorient child; use wheelchair to escort to Wellness Center if indicated</li> <li>2. Do not give food or water until fully awake</li> <li>3. Contact parent/guardian</li> <li>4. Document using 'How to Describe a Seizure' form</li> <li>5. Contact site nurse</li> <li>6. Allow child to rest on cot; continue to reassure and reorient child as needed</li> <li>7. After fully recovered allow student to return to class after _____ minutes</li> <li>8. Other _____</li> </ol>	<p align="center"><b><u>Seizures May Turn Into an Emergency !!!</u></b></p> <p><b>Call 911 &amp; Follow TSD Emergency Procedures IF any of the following occurs:</b></p> <ol style="list-style-type: none"> <li>1. If seizure lasts more than _____ minutes</li> <li>2. If one seizure follows another within 10 minutes</li> <li>3. If the student does not start breathing after the seizure, begin CPR</li> <li>4. If the student has been seriously injured</li> <li>5. If in your best judgment the student is seriously ill</li> <li>6. If the student has no known history of a seizure disorder</li> <li>7. Other _____</li> </ol>

Type:	Symptoms:	First Aid Treatment:	After the Seizure	911 Emergency:
<b>Ab-sence: (Petit Mal)</b>	<ul style="list-style-type: none"> <li>Brief, blank stare; usually less than 10 seconds and returns to full consciousness</li> <li>May blink rapidly or make chewing movements</li> </ul>	<ol style="list-style-type: none"> <li>No First Aid needed unless child fell and was injured, then follow standard First Aid procedures and/or call Wellness Center staff for assistance</li> </ol>	<ol style="list-style-type: none"> <li>Allow child to return to full activity as soon as alert and oriented</li> <li>May need to have instructions repeated</li> <li>If indicated, document in child's daily log book or use 'How to Describe a Seizure' form</li> </ol>	<p><b>Call 911 &amp; Follow TSD Emergency Procedures <u>IF</u> any of the following occurs:</b></p> <ol style="list-style-type: none"> <li>If seizure lasts more than _____ seconds</li> <li>If child does not start breathing after a seizure, begin CPR</li> <li>If child has been seriously injured</li> <li>If, in your best judgment, child is seriously ill</li> </ol> <p>Other _____</p>
<b>Atonic (Drop)</b>	<ul style="list-style-type: none"> <li>Sudden, brief loss of muscle tone</li> <li>May fall forcefully to the ground</li> </ul>	<ol style="list-style-type: none"> <li>No First Aid needed unless child fell and was injured, then follow standard First Aid procedures and/or call Wellness Center staff for assistance</li> <li>Ease child to floor (or allow to remain seated in wheelchair as indicated)</li> <li>Clear area to protect from injury</li> <li>When consciousness returns, help child up</li> </ol>	<ol style="list-style-type: none"> <li>Reassure child; allow to sit quietly until fully recovered</li> <li>Allow child to return to full activity as soon as alert and oriented</li> <li>May need to have instructions repeated</li> <li>If indicated, document in child's daily log book or use 'How to Describe a Seizure' form</li> </ol>	<p><b>Call 911 &amp; Follow TSD Emergency Procedures <u>IF</u> any of the following occurs:</b></p> <ol style="list-style-type: none"> <li>If seizure lasts more than _____ seconds</li> <li>If child does not start breathing after a seizure, begin CPR</li> <li>If child has been seriously injured</li> <li>If, in your best judgment, child is seriously ill</li> <li>Other _____</li> </ol>
<b>Other Type of Seizure</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ol style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ol>	<ol style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ol>	<p><b>Call 911 &amp; Follow TSD Emergency Procedures <u>IF</u>:</b></p> <ol style="list-style-type: none"> <li>_____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ol>

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date/Name of Teacher Notified: \_\_\_\_\_