SEIZURE DISORDER – Emergency Care Plan

Student:	Grade:	School Contact:	DOB:
Mother:	MHome #:	MWork #:	MCell #:
Father:	FHome #:	FWork #:	FCell #:
Emergency Contact:	Relat	ionship:	Phone:
SYMPTOMS OF A SEIZURE E	PISODE MAY INCL	UDE ANY/ALL OF	THESE:
☐ Tonic-Clonic Seizure: Sympton muscle contractions, loss of alertness (colloss of bladder or bowel control, difficult	nsciousness), biting the chee	k or tongue, clenched teeth	• • • • • • • • • • • • • • • • • • •
☐ Simple Focal Seizure: The perse sensations that can take many forms, may sadness, or nausea. He/she also may hear	experience sudden and une	xplainable feelings of joy,	
☐ Complex Focal Seizure: The perconsciousness may be altered, producing repetitious behaviors such as blinks, twite automatisms. More complicated actions, activities they started before the seizure blast just a few seconds.	a dreamlike experience. Peoches, mouth movements, or which may seem purposeful	ople having a complex foca even walking in a circle. The can also occur involuntar	al seizure may display strange, hese repetitious movements are called ily. Patients may also continue
□ Absence : Symptoms may be brief lastop walking and start again a few second of typical petit mal seizures may include: change in alertness (staring and lack of av	ls later, stop talking in mid-s changes in muscle activity (sentence and start again a fo	ew seconds later. Specific symptoms
STAFF MEMBERS INSTRUCT Administr		* *	☐ Special Area Teacher(s)☐ Transportation Staff
TREATMENT: Clear the area around the student to Place student on side if possible, spe			
☐ Emergency Medical Services (91 Preferred Hospital if transp	1) should be called, stud- ported:	ent transported to hosp	oital
☐ Emergency medication to be a ☐ Student should be allowed to res	given by Nurse at onse	et of seizure	
Transportation Plan: ☐ Medication Special instructions:			
Healthcare Provider Signature:		Date:	Phone:
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Written by: Copy provid		i jate.	