

HARVEST CHRISTIAN ACADEMY

SEIZURE CARE PLAN



Student Name: _____ **DOB:** _____ **Age at Diagnosis:** _____
Type: _____

Parent(s) Name: _____ **Phone:** _____

Primary Care Physician: _____ **Phone:** _____

Neurologist Name: _____ **Phone:** _____

_____ Student has been diagnosed but parent requests no accommodation at school

_____ Student has been diagnosed and parent requests doctor recommendations be followed while at school.

HISTORY

SYMPTOMS: _____

WARNING SIGNS: _____

TRIGGERS: _____

FREQUENCY: _____

USUAL LENGTH OF EACH SEIZURE: _____ minutes.

WHAT IS THE BEHAVIOR AFTER A SEIZURE? _____

EMERGENCY FIRST AID

Call 911 if:

- Seizure lasts more than 5 minutes
- Another seizure begins soon after the first
- The student stops breathing or has difficulty breathing after the seizure
- Student cannot be awakened after the seizure
- There are specific orders to call 911 from the physician
- The recovery is different than usual
- The need for assistance is uncertain

STANDARD FIRST AID

- Protect student from injury but do not restrain movements
- Help the student lie down and turn on one side if possible
- Loosen all tight clothing
- Do not put anything in the mouth
- Do not give medicines or fluids until the child is completely awake
- Stay with the student until he or she is fully alert and oriented
- Provide reassurance and support after the seizure episode
- CPR should not be given during a seizure
- Record the duration and describe the seizure on the epilepsy log
- Report the seizure to the appropriate person: parents, school nurse, and/or administrator

