HARVESTCHRISTIANACADEMY SEIZURE CARE PLAN



Student Name:	DOB:	Age at Diagnosis:			
Туре:					
Parent(s) Name:		_ Phone:			
Primary Care Physician:		Phone:			
Neurologist Name:		Phone:			
Student has been diagnosed but parent requests no accommodation at schoolStudent 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.				

EMERGENCY FIRST AID

Call 911 if:

Seizure lasts more than 5 minutes

WHAT IS THE BEHAVIOR AFTER A SEIZURE? _

- 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
- O 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
- O 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

MEDICATIONS

Home Medication Name:			Dose <u>:</u>	_
Home Medication Name:			Dose <u>:</u>	_
Home Medication Name:			Dose <u>:</u>	_
OTHER TREATMENTS RECE	FIVED (surgery special di	et or nerve stimulat	ion)	
OTTEN TREATMENTS RECE	Liveb (saligely, special all	et of herve seimatat		
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PHYSICIAN RECOMMENDAT	TIONS FOR SCHOOL			
				_
Physician Signature		Date		
MEDICATION AUTHORIZA	TIONS			
may take				
	Medication name	dose	frequency	
Physician's signature:				
• I assume responsibility for suse. Expired medication cal		ne school that will n	ot expire during the cour	se of its intended
I understand that medicatioI request this medication beI understand that this medication	administered as ordered	by the students' lic		
Parent's signature:		D	ate:	