

SOUTH BRUNSWICK BOARD OF EDUCATION
Seizure Health Care/Emergency Plan and Medication Orders

Student Name _____ Date of Birth _____ Age _____ Weight _____
 School _____ Grade _____ Unit/Teacher _____
 Today's date _____ School year _____

Parent/Guardian Names _____
 Mom home _____ work _____ cell _____
 Dad home _____ work _____ cell _____

Please ask your child's physician to complete the following information regarding your child and return it to your school's Nurses Office as soon as possible. Thank you.

SEIZURE EMERGENCY PROTOCOL AND MEDICATION ADMINISTRATION - to be completed by Physician

Type of seizure _____
 Warning signs _____
 Parts of body involved (please describe) _____
 Length of typical seizure _____
 Last observed seizure (month and year) _____
 Number of seizures in the past year _____
 Allergies _____

Medications presently taking	Dose	Route	Time
1.			
2.			
3.			

Emergency Medication to be given – if any:

Medication: _____ Dose: _____ Route: _____
 To be given: _____ As soon as generalized seizure begins
 _____ For seizure lasting longer than _____ minutes
 _____ For cluster of seizures lasting longer than _____ minutes if no return to baseline
 _____ Other: _____

When to call 911: 911 will be called if any emergency medication is administered

_____ As soon as generalized seizure begins
 _____ Other: _____

Preferred hospital _____

Gym/Sports Restrictions: _____

Classroom restrictions: _____

Bus plan: _____

School trips: _____

Physician's Signature _____ **Date** _____

Physician (name printed) _____
 Address _____
 Phone Number _____

PHYSICIANS STAMP:

Parent/Guardian Signature _____ **Date** _____

School Nurse Signature _____ **Date** _____

Nursing Diagnosis:	Goal:
<ol style="list-style-type: none"> Potential for physical injury. Potential for disturbance in self-concept and or social isolation. Potential for aspiration related to seizure activity. 	<ol style="list-style-type: none"> Prevent physical injury during a seizure. Acceptance of self to be a whole person and age appropriate social interaction. Student will not aspirate during a seizure.

First Aid for Seizures

- Assist student to floor, remove glasses, place student on side if possible and cushion head.
- Ask someone to call the nurse – this is not a MERT emergency.
- Loosen tight clothing.
- Move away any furniture/objects that may cause injury.
- Do not restrain.
- Note the time the seizure began.
- Note what part of the body seems affected.
- Do not put anything in their mouth or attempt to give food or drink.
- Stay with the student until help arrives or seizure stops.
- Reassure student when they regain consciousness.
- If there is no medical/nursing help available call 911 if the seizure last longer than 5 minutes, there are prior directions for this student, if the student has one seizure after another or if the student is having difficulty breathing.

Other Considerations

- Have a plan in place as to how you will call for help.
- Have a plan in place where other students can move to be temporarily housed and supervised.

[http://epilepsyontario.org/client/EO/EOObjects.nsf/object/PDFs/\\$file/firstaid.pdf](http://epilepsyontario.org/client/EO/EOObjects.nsf/object/PDFs/$file/firstaid.pdf)

