



STUDENT SERVICES

Carol A. Zepecki, Ed.D. - Director, Student Services
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Seizure Disorder

Student _____ DOB: _____

Phone Numbers: Mother's Home: _____ Pager: _____

Father's Home: _____ Pager: _____

Allergies: _____

Physician: _____ Phone: _____

General Information: _____

Current Medication: _____

Dear Parent:

You have indicated on your child's Emergency Care Card the diagnosis of **Seizure Disorder**. Will you please supply us with the following information and return to your child's school.

When did your child last experience a seizure? _____

What was the duration of the episode? _____

Is your child currently on medication for this condition? _____

If yes, what is the medication? _____

When administered? _____

In your opinion could your child's condition present a medical emergency to which school personnel might have to respond? _____

PLEASE READ REVERSE SIDE AND HAVE YOUR PHYSICIAN SIGN

PLEASE RETURN TO SCHOOL ASAP

(Parent Signature) (School) (Date)



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GUIDELINES FOR MANAGEMENT OF SEIZURE ACTIVITY

1. If appropriate, place student on floor, turn on side (right side if possible) with head to side. If student is in a wheelchair (W/C), leave in W/C. Maintain open airway.
2. Loosen clothing and/or remove restricting apparatus that may interfere with breathing.
3. Clear area around student to prevent injury. Maintain student dignity.
4. Note time seizure begins and ends, and what areas of the body are affected.
5. Do **not** attempt to insert anything into mouth.
6. If student vomits, allow vomitus to drain, maintaining airway. Use universal precautions.
7. When seizure has subsided, allow student to sleep or continue activity as appropriate.
8. Check for bowel or bladder incontinence and change clothing if soiled.
9. Observe closely for possible recurrence of seizure activity.
10. Inform parent of seizure activity and action taken.
11. Call district nurse for the following:
 - If seizure is first for student.
 - If seizure is associated with fever.
 - If there is a change in the usual seizure pattern.
 - If seizures have previously been controlled.
 - If student fails to return to usual baseline within 1 hour of seizure.
12. Do **not** transport student within 30 minutes of seizure occurrence unless authorized by school nurse.
13. Record event on seizure log.
14. If injury occurs, complete accident report.
15. Review student specific information with school nurse.

Call 911 and initiate "Classroom Emergency Response Procedure" if:

1. Seizure activity (with a loss of consciousness) lasts 5 minutes or if another seizure starts within 10 minutes.
2. The student has apnea longer than 20 seconds while having a seizure.
3. Student is cyanotic and color does not improve with repositioning of head or jaw.

Stay with student until paramedics arrive. If parents are unavailable, a staff member will accompany student to hospital with copy of health enrollment card. Remain with student until parents arrive.

 (Physician Signature)

 (Date)

 (School Nurse Signature)

(Print Physician Name) (Phone Number) (Physician Address/Clinic Stamp)

PLEASE FILL OUT REVERSE SIDE → → →