

## Seizure Healthcare Plan

### Individualized Health Care Plan

**Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

In the event of a seizure occurring at school do the following:

1. Lower student to the floor. If vomiting, place student on side with head support to avoid aspiration (inhaling) of emesis/saliva. Clear surrounding area to minimize injury. **Do not insert anything in the mouth.**
2. Call 911 if:
  - a. no breathing
  - b. if seizure continues for 5 minutes.
  - c. If sleep period after seizure lasts more than 1 hour and student cannot be roused.  
**Call parent for direction if unsure.**
3. If student has difficulty breathing and skin is bluish, open airway by tilting head back and gently lifting jaw. If student is not breathing, start mouth-to-mouth resuscitation. If no pulse, begin CPR.
4. Record the following on the back of this form: date and time of seizure, duration of seizure, disposition of student, action taken, initials of observer.
5. Staff needs to go to the Emergency Room with student if parent is not available. Emergency card (or copy) must be taken with student.
6. If seizures are not referred to 911, student should lie down and rest. If student needs to rest for more than ½ - 1 hour, parent/guardian should be called to take the student home. Do not allow bus transportation of student if severe seizure occurs 1 hour before pick-up. Request parent pick-up.
7. Notify parent/guardian of any seizure occurring at school.
8. No activities involving heights.
9. **If seizure occurs, call school nurse immediately.**
10. Special Instructions: \_\_\_\_\_