

Seizure Care Plan - Mora Schools

**All Emergency Contact People
are to be identified on Student
Information Forms.**

Check if
on file

Seizure Care Plan for _____

School: _____, Effective date: _____

Date of Birth: _____, Grade: _____, Teacher: _____

Feel free to use the back of this form if necessary.

Seizure history

List the types of seizures your student experiences:

| | Not controlled | | | Well controlled | |
|---|----------------|---|---|-----------------|---|
| _____ How well controlled is this type? | 1 | 2 | 3 | 4 | 5 |
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In what year was the seizure condition diagnosed? _____ Was the seizure associated with a fever? Yes No

Please describe for us, each of the seizures listed above. Include how often they occur, how long they last and the appearance of a 'typical seizure.

List classroom restrictions (if any) : _____

List physical education restrictions (if any): _____

Date of last hospitalization due to seizures? _____ Has your student had an EEG? Yes No

When was the last EEG? _____ Results of last EEG? _____

Current neurologist? _____ Name of Clinic: _____ Date last seen _____

Phone number: _____ How frequently is your student seen? _____

Medication:

| <u>Time</u> | <u>Name of medication(s)</u> | <u>Dosage/route</u> |
|-------------|------------------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Emergency plan:

If you student experiences a tonic clonic seizure the following steps will be taken:

- Cushion head
- Remove glasses/ loosen tight fitting clothing
- Keep area clear of sharp objects
- Monitor length of seizure
- Remove others from area & reassure.
- Notify parents

911 will be called if seizure lasts longer than 5 minutes or if your student is having difficulty breathing.

List any other necessary interventions: _____

Hospital in case of emergency: _____

Does your student have difficulties taking medication? Yes No

Do you need to talk with the school nurse about your student's medications or seizure condition? Yes No

If so, call 679-6232.

Form completed by: _____

Parent/Guardian: _____ Date: _____

Form reviewed by: _____

School Nurse: _____ Date: _____