

## SEIZURE CARE PLAN (LIFE-THREATENING with Medication Orders)

## Bridgeport School District Health Services

1400 Tacoma Ave Bridgeport, WA 98813 Ph: (509) 686-5656 Fax: (509) 686-2221

Student Name:		Birth Date:	
---------------	--	-------------	--

WA State law (RCW28A.210.320) requires that all students with a life threatening health conditions have the needed medical orders, medications/equipment and a nursing care plan in place, before the child may attend school. At the beginning of each school year or with any change in student's teacher assignment, the parent/guardian may need to meet with nurse and teacher/s to discuss medical concerns, limitations, and/or accommodations.

A seizure is a brief episode of disorderly electrical activity in the brain, which affects its normal functions and produces changes in a person's movement, behavior or consciousness. The kind of seizure a person has depends on how much of the brain is affected. **Grand Mal** Seizures are where muscles become tense, the body becomes rigid, followed by a temporary loss of consciousness and violent shaking of all or part of the body.

**PORTION BELOW IS TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER**

**At the onset of a Grand Mal seizure or other generalized non-stopping seizure**

- Gently assist Student to the floor position onto his side with airway open, protect head and body.
- Remain calm and prevent injury. Wear gloves to protect yourself from bodily fluids.
- Begin timing the seizure immediately.
- If the seizure lasts more than \_\_\_\_\_ minutes,**
- Contact the office to:
  - CALL 911.
  - Call the school nurse
  - Parents or emergency contacts.
- \_\_\_\_\_ (medication name) is ordered for a seizure lasting more than \_\_\_\_\_ minutes.
  - If the parents or licensed school nurse is unavailable to come and administer the above named medication, and it is a non-delegated medication for school, the paramedics may administer it when they arrive if the seizure activity has not stopped.
- While waiting for help, provide privacy for student. Do not restrain or try to stop the seizure. Do not put anything in the mouth.
- Stay with student and continue to monitor respirations, student color and safety while timing the seizure. (Student may drool or vomit, so keep him on his side.)
- Prepare to do rescue breathing and/or CPR if student stops breathing.

**POST SEIZURE ACTIVITIES:**

- Paramedics will decide on the need for transport in collaboration with parents.
- Document the seizure: time it started, body movements observed, state of consciousness, first aid rendered
- Notify the district nurse if not already involved.

I request and authorize that the above named student be administered the above identified seizure plan in accordance with the instructions indicated above from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed one school year) as there exists a valid health reason which makes administration of the medication and/or treatment plan advisable during school hours or during such time that the student is under the supervision of school officials.

Physician Name Printed: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PORTION BELOW IS TO BE COMPLETED BY THE PARENT/GUARDIAN**

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to administer the above treatment and medication for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed one school year).

I give my consent to release the above identified student for further medical or hospital care in event of an emergency.

I give my consent for the school district to communicate with the above health care provider regarding the above student.

I, as the parent, will provide necessary equipment and am responsible for the maintenance of that equipment including a 3 day disaster medication supply in the event that a disaster prevents the student from going home.

\_\_\_\_\_  
Parent/Guardian Name Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone