

SEIZURE INDIVIDUAL HEALTH PLAN (IHP)

Adapted from Epilepsy Foundation of America Seizure Action Plan

Picture

Student:	School Year:
DOB:	Gd:
School:	

THIS SECTION TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER:

Seizure Information			
Seizure Type	Length	Frequency	Description
Seizure triggers or warning signs:			
Student's response after a seizure:			

Basic First Aid: Care & Comfort
Please describe basic first aid procedures:
Does student need to leave the classroom after a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, describe process for returning student to classroom:

Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure symptoms and length

For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

Emergency Response
A "seizure emergency" for this student is defined as:
Seizure Emergency Protocol (check all that apply and clarify below)
<input type="checkbox"/> Contact health room at _____
<input type="checkbox"/> Notify nurse at _____
<input type="checkbox"/> Call 911
<input type="checkbox"/> Notify parent or emergency contact
<input type="checkbox"/> Administer emergency medications as indicated below
<input type="checkbox"/> Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)			
Emerg. Med.✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
Does student have a Vagus Nerve Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, describe magnet use:			
Special Considerations and Precautions (regarding school activities, sports, trips, etc.)			
Describe any special considerations or precautions:			

Licensed Health Care Provider Signature:	Date:	Printed Name:	Phone/Fax:
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THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN:

Mother/Guardian:			Father/Guardian:		
Hm:	Wk:	Cell:	Hm:	Wk:	Cell:
Parent/Guardian Signature:			Printed Name:		Date:

STAFF: Form Rcv'd: _____ Med Loc. _____ ☐ Entered in database ☐ Exp. Date ☒ Nurse Rvw'd: _____

EMERGENCY SEIZURE PROTOCOL

*****If this is a first-time seizure, call 9-911, the emergency number*****

1. The staff member witnessing the onset of the seizure should immediately note the time.
2. Allow the student to lie down to provide ample room for convulsive movements.
 - a. Stay with the student having the seizure.
 - b. Contact the Health Specialist or office.
 - c. Follow protocols on student's Individual Health Plan (IHP).
 - d. Remove other students from the room or vicinity of the child and have additional staff member sent to assist, if possible.
 - e. Document the symptoms and duration of the seizure to provide to the parent and/or paramedics.
3. Loosen tight clothing, especially around the neck and waist.
4. Turn body to the side, if possible, to allow saliva to drain.
5. DO NOT PUT ANYTHING BETWEEN THE TEETH.
6. Do not attempt to give anything to drink.
7. Keep the person from hurting themselves: Move chairs, etc. that may be close by.
8. Protect the head, arms, and legs, but DO NOT RESTRAIN. A coat, sweater, or pillow under the head may be helpful.
9. Maintain a quiet, calm atmosphere. Avoid confusion and crowding.

*****The seizure may last 2-5 minutes. Should a seizure be followed by another major seizure or last more than 5 minutes (or as indicated on IHP), call 9-911, the emergency number.**

10. Allow the student the opportunity to rest after a seizure.
 - a. Tiredness and drowsiness will occur.
 - b. Loss of bowel or bladder control may also have occurred (provide for privacy).
11. Note the time the seizure ended.
12. Contact the parent/guardian.