



Parent/Guardian contacts:		
Physician Name:	Number:	Fax:
Medical History:		
Seizure Type and Description:		Triggers:
Current Medications:		

	Symptoms	Interventions
Convulsive Seizure	<ul style="list-style-type: none"> → Drooling → Lips and nails turn bl Shallow Breathing → ue → Eyes roll back or turn to side → Jerking of arms and legs → Stiff muscles → Loss of consciousness → Fall to the ground → May cry out → May last seconds or minutes → May be very tired and/or disoriented following seizure 	<ul style="list-style-type: none"> → Protect Privacy → Establish a safe environment → Call for help → Stay calm → Protect from hazards → If student is in wheelchair, do not remove from chair <ul style="list-style-type: none"> ◆ Maintain airway by turning head to side to clear secretions → Do not restrain → Do not leave student → Track time and observe symptoms → <u>DO NOT MOVE SEIZING STUDENT TO ANOTHER LOCATION</u> → Turn student to side and cushion head → <u>DO NOT PLACE OBJECT(S) IN STUDENTS MOUTH</u> → Document on the Seizure Observation Log → Comfort student and provide emotional support → Call Parent

	Symptoms	Interventions	
Non-Convulsive Seizure (Absence, Simple or Complex Partial Seizure)	<p><u>“Complex Partial” Seizures</u></p> <ul style="list-style-type: none"> → Does not result in loss of consciousness → Impaired awareness → Unable to respond or follow instructions → Repetitive movements such as chewing, lip smacking; or picking at clothing → Does not respond to name x 2 prompts → May get up and walk around (appear to be sleep-walking) → May last seconds to a few minutes 	<p><u>“Simple Partial” Seizures</u></p> <ul style="list-style-type: none"> → Does not result in loss of consciousness → Uncontrolled movement of one arm or leg → Tingling sensation <p><u>“Absence” Seizures</u></p> <ul style="list-style-type: none"> → Staring or appears to be Daydreaming → Does not respond to name x 2 Prompts → Typically lasts less than 1 minute 	<ul style="list-style-type: none"> → Protect Privacy → Establish safe environment → Call for help → Do not restrain → Gently guide away from hazards → Do not leave student → Stay with student until fully alert and aware → Track time and observe symptoms → Student may need review of class content when fully aware → Document on the Seizure Observation Log → Comfort student and provide emotional support → Notify Parents

Does the student have emergency medication at school? Yes ___ No ___

Midazolam Dose _____ Diastat Dose _____

If **convulsive** ___ **non-convulsive** ___ seizure lasts longer than ___ minutes, or ___ multiple seizures in ___ minutes, call 911 and administer emergency medication as ordered by physician and instructed by District RN.

VNS Instructions (if applicable):

Call Parent:

Call 911:

Student: Grade: Student ID: DOB:
Confidential 2017-2018 Individual Student Health Plan
Prepared by District Nurse: jeffco.k12.co.us



- **If seizure lasts longer than 5 minutes**
- **If emergency medication is administered**
- **Any emergency**
- **Refer to Jeffco Schools 911 Calling Guidelines**

FIELD TRIPS: Current HCP should accompany student on all field trips.
Supervising Staff will review this Student Health Plan. Trained and delegated staff will provide necessary health interventions as identified by the Student Health Plan. Parents will be notified prior to field trips.

Permission: *As parent or guardian of the above named student, I give my permission for review and implementation of this plan in my child's school, and for the District RN to contact the above named physician by phone, fax, or in writing when necessary, to complete, revise or implement this Student Health Plan.*

Parent Date

Physician Date

RN District Nurse
720 @jeffco.k12.co.us

School Clinic Aide Date

Written:

Reviewed:

Reviewed: