

Seizures

**WASHINGTON COUNTY DEPARTMENT OF EDUCATION
COORDINATED SCHOOL HEALTH**



University School

Phone: (423) 439-8674

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INDIVIDUALIZED HEALTH PLAN, SEIZURES

CONFIDENTIAL

STUDENT: _____ **DOB:** _____ **TEACHER:** _____ **GRADE** _____

ARE MEDICATIONS NEEDED TO CONTROL SEIZURES? YES ___ **NO** ___

MEDICATIONS (name, dose, time(s) taken): _____

IF FALLING/GENERALIZED JERKING: _____

1. Assist student to floor, turn to left side.
2. Notify Nurse/First Responder/Office
3. Delegate call to EMS/911.

IF SEIZURE OF ANY TYPE OCCURS: _____

1. Loosen clothing at neck and waist; remove eyeglasses (if applicable); protect head with arms, lap, cushioning material.
2. Clear away furniture and other objects from area.
3. Have another classroom adult remove/direct students from area.
4. **TIME THE SEIZURE.**
5. Allow seizure to run its course; **DO NOT** restrain or insert anything into student's mouth. **DO NOT** try to stop purposeless behavior.
6. During a general or grand mal seizure expect to see pale or bluish discoloration of the skin/lips. Expect to hear noisy breathing.
7. Remain calm.

IF FOCAL MOTOR OR SMALLER LOCAL SEIZURES: (E.G., LIP SMACKING, BEHAVIOR OUTBURST) _____

1. Assist student to comfortable/sitting position.
2. Time the seizure.

IF STUDENT EXHIBITS: _____

1. Absence of breathing and/or pulse.
2. Seizure of 5 minutes or greater duration.
3. Two or more consecutive (without a period of consciousness between) seizures which total 5 minutes or greater.
4. No previous history of seizure activity.
5. Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.

DO:

1. Delegate call to EMS/911 immediately, contact nurse and notify parent.
2. Start CPR for absent breathing/pulse.

Any additional information specific to this student: _____

Exercise and Sports Participation Guidelines

- NO RESTRICTIONS—Includes interscholastic athletics, contact sports.
- MODERATE EXERCISE—Includes physical education classes and recreational sports, but should avoid activities which require maximum or sustained effort.
- LIGHT EXERCISE—Includes nonstrenuous recreational games such as swimming, jogging, bowling, (modified gym program without being graded recommended).
- Must be permitted to determine his/her own level of activity and to stop and rest if needed.
- NO PHYSICAL EDUCATION CLASSES

This Individualized Health Plan will be shared with trained personnel and Coordinated School Health Staff. It is the parent's responsibility to share this information with other staff you deem necessary (i.e. teachers, coaches, etc.). Your signature below indicates your understanding and agreement with this policy.

Physician Name: _____

Parent Signature _____

Date _____

Phone: _____

Physician Signature _____

Date _____

Parent Contact _____

Phone _____

