



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, Johnson City, TN 37614

Phone (423) 439-4333 Fax (423) 439-5921

SEIZURE INDIVIDUAL HEALTH PLAN

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ 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, or cushioning material.
2. Clear away furniture and other objects from area.
3. Have another classroom adult remove/direct other 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 any of the following:

- 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 CLASS.

The parent signature below gives permission for the school nurse or representative to fax this form to the indicated PCP and to communicate with said PCP, the PCP's office staff, and the ETSU University School faculty/staff regarding this health plan for the student named above, and their care. 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/PCP Name Phone Parent Signature Date

Physician Signature Date Parent Contact Phone