

# Longwood Central School District SEIZURE DISORDER – Emergency Care Plan

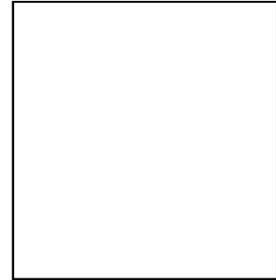
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Contact: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother: \_\_\_\_\_ MHome #: \_\_\_\_\_ MWork #: \_\_\_\_\_ MCell #: \_\_\_\_\_

Father: \_\_\_\_\_ FHome #: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



jaw,  
✕

## SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

**Tonic-Clonic Seizure:** Symptoms may include an aura, muscle rigidity, followed by violent muscle contractions, loss of alertness (consciousness), biting the cheek or tongue, clenched teeth or loss of bladder or bowel control, difficulty breathing, blue skin color.

**Simple Focal Seizure:** The person will remain conscious but experience unusual feelings or sensations that can take many forms, may experience sudden and unexplainable feelings of joy, anger, sadness, or nausea. He/she also may hear, smell, taste, see, or feel things that are not real.

✕ **Complex Focal Seizure:** The person has a change in or loss of consciousness. His or her consciousness may be altered, producing a dreamlike experience. People having a complex focal seizure may display strange, repetitious behaviors such as blinks, twitches, mouth movements, or even walking in a circle. These repetitious movements are called *automatisms*. More complicated actions, which may seem purposeful, can also occur involuntarily. Patients may also continue activities they started before the seizure began, such as washing dishes in a repetitive, unproductive fashion. These seizures usually last just a few seconds.

**Absence/Petit Mal:** Symptoms may be brief lasting only a few seconds and occur several times a day. During the seizure the person may: stop walking and start again a few seconds later, stop talking in mid-sentence and start again a few seconds later. Petit mal may include: changes in muscle activity (hand fumbling, fluttering eyelids, lip smacking, chewing) changes in alertness (stare).

**STAFF MEMBERS INSTRUCTED:**  Classroom Teacher(s)  Special Area Teacher(s)  Administration  Support Staff

Transportation

**TREATMENT:** Clear the area around the student to avoid injury.

**DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.** Place student on side if possible, speak to student in reassuring tone. Stay with student until help arrives. Please note the time seizure started. Call Nurse at Ext \_\_\_\_\_

**Emergency Medical Services (911) should be called, student transported to hospital**

Preferred Hospital if transported: \_\_\_\_\_

**Emergency medication to be given by Nurse as per physician order.**

**Student should be allowed to rest following seizure, call parent.**

Medication ordered: \_\_\_\_\_ (Attached Medication Form to be completed by physician)

## Transportation/After School Plan (PLEASE MARK YES OR NO FOR EACH):

Medication must be available on school bus to/from school, **requires extra staffing of nurses outside school**

hrs Yes  No

Medication must be available on field trips (**nurse must attend trips**) Yes  No

Medication must be available during school sports, **requires extra staffing of nurses outside school hours** Yes  No

Medication must be available for afterschool activities, **requires extra staffing of nurses outside school hours** Yes  No

Special instructions: \_\_\_\_\_

Height Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

**STAMP**

Healthcare Provider Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature** to share this plan with Provider and School Staff: \_\_\_\_\_