

# Emergency Care Plan



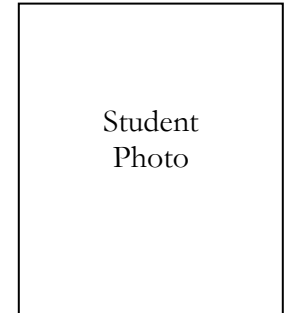
## SEIZURE DISORDER

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ DOB: \_  
 Mother: MWork #: \_\_\_\_\_  
 Father: \_\_\_\_\_ FWork #: \_\_\_\_\_ FCell #: \_\_\_\_\_  
 Emergency \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- Tonic-Clonic Seizure:
  - o Entire body stiffens, jerking movements
  - o May cry out, turn bluish, be tired afterwards
- Absence Seizure:
  - o Staring spell, may blink eyes

\*Previous seizures have been with illness/fever



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

### 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

- Emergency Medical Services (911) should be called, student transported to hospital  
 Preferred Hospital if transported: \_\_\_\_\_

**ADMINISTER DIASTAT \*\*mg RECTALLY FOR SEIZURE LASTING LONGER THAN \*\* MINUTES. CALL 911 FOR SEIZURE LASTING LONGER THAN \* MINUTES.**

- Student should be allowed to rest following seizure, call parent

**Transportation Plan:**    × Medication available on bus     Medication NOT available on bus     Does not ride bus  
 Special instructions: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_