

Linn-Mar Community Schools Seizure Management Health Care Plan

Student: _____ Date: _____

Parent/Guardian _____ Home Phone: _____

Physician: _____ Hospital: _____

Diagnosis:

Describe typical seizure: (characteristics, average length, possible warnings or behavior changes prior to seizure)

Medications: (At home and school)

Activity restrictions/precautions:

Emergency Intervention for Seizures

1. Attempt to prevent injury during seizure by easing student to the floor. Keep hard, sharp objects out of the way. If available, put folded towel under head
2. Turn student to side to allow saliva to drain and prevent choking
3. Do not restrain student or put anything into the mouth
4. Do not give fluids or food during a seizure
5. Observe for injury, length of seizure, color of lips, face, and skin, monitor breathing
6. **If seizure lasts longer than _____ minutes or if student is not breathing, call 911 emergency services immediately**
7. **Give emergency medications as ordered:** _____
8. Call school nurse and parents

I have read and approve of the above seizure intervention plan for school health care:

Parent/Guardian Signature

Date

School Nurse Signature

Date

