

# Seizure Management and Treatment Plan

Effective Date \_\_\_\_\_



This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name	Date of Birth	Allergies
Parent/Guardian	Phone	Cell
Treating Physician	Phone	

Significant Medical History including triggers, warning signs, and response after a seizure:

### Seizure Information

Seizure Type	Length	Frequency	Description

Explain your child's ability to self-care and manage their seizures:

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom:

### Basic Seizure First Aid

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

#### For tonic-clonic seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

### Emergency Response

The school administrator may assign, and the school RN train, a UAP to administer DIASTAT or Nayzilam. If a seizure should occur while the student is being transported on the school bus, on a field trip, or off-campus site, 911 will be called and basic seizure first aid will be provided. Intranasal midazolam must be given by the school RN/LVN.

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

#### A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Route	Administration Instructions: Minutes duration of seizure or number of seizures per period of time

Does the student have a **Vagus Nerve Stimulator**?  Yes  No If YES, describe magnet use:

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Georgetown ISD protocol is to call 911 after administering any emergency seizure medication unless specifically ordered otherwise (and always after the initial dose of this drug). Please explain in detail any circumstances where it is not necessary to call 911 or any other special considerations or precautions.

I request and authorize GISD to administer the above medication(s) as prescribed. I understand the school administrator may designate any qualified employee to administer this medication. I authorize the school licensed nurse and the prescribing healthcare provider to confidentially discuss or clarify this medication order, and to discuss the student's response to the prescribed medication as needed per law (Nurse Practice and Medical Practice Acts of Texas).

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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