

Individualized Healthcare Plan(IHP)/Emergency Action Plan(EAP) for Student with Seizures

Name _____ DOB _____

Parent/Guardian _____

Phone (h) _____ (c) _____ (w) _____

Other Emergency Contact _____ Phone _____

Physician _____ Phone _____

Fax _____

Significant Medical History:

Current Medications:

Seizure Information (type, length, frequency, description)

Seizure triggers/warning signs:

Student's response after a seizure:

Date of last seizure: _____

Vagus Nerve Stimulator?

Yes

No

Basic Seizure First Aid

- * Keep calm and 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

A seizure is generally considered an emergency when:

- * Convulsions (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

Basic First Aid:

Please describe basic first aid procedures that differ from our basic seizure first aid noted above:

Does student need to leave classroom following a seizure?

- Yes
- No

If yes, describe process for returning student to classroom:

Emergency Plan:

When to use VNS:

When to call 911: _____

When to call parents: _____

Send student home after _____ seizures or _____

Other Info:

Emergency medications

Medication: _____

When to give: _____

Special Considerations/Precautions (school activities, sports, trips)

Physician Consent for Seizure IHP	
I have reviewed and approved this management plan and included any recommended modifications. This consent is for a maximum of one year. If changes in procedure are indicated, I will provide written orders accordingly.	
_____	_____
Physician Signature	Date

Parent Consent for Seizure IHP	
I, as parent/guardian, concur with the above management plan, will provide the necessary supplies and equipment, and authorize the school nurse to contact the physician when necessary.	
_____	_____
Parent Signature	Date