

# SEIZURE INDIVIDUAL HEALTH PLAN

**BELLEVUE SCHOOL DISTRICT 2022-2023**

<b>Name:</b>	DOB:	Date:	
School:	Grade/Teacher:		
<b>HEALTH CONCERN – Seizure:</b> A neurological disorder in which there are sudden, uncontrolled electrical disturbance in the brain.			
<b>Date of last seizure:</b>			
<b>Description of last seizure:</b>			
<b>Warning signs or triggers prior to the seizure?</b>			
<b>Is there a prescription for abortive medication?</b> <span style="float: right;"><input type="checkbox"/> YES (see below) <input type="checkbox"/> NO</span>			

**EMERGENCY CARE PLAN:** To promote student safety.

**DURING A SEIZURE:**

- Always stay with the child.
- Position child to avoid choking on saliva, if vomiting during seizure, turn student onto their side.
- Protect student from injury, if possible move student to the floor & move furniture and objects out of the way.
- Place something flat and soft under the student’s head.
- Do not restrain child or put anything in their mouth.
- Loosen any tight clothing and remove glasses if applicable.
- Remain with child until conscious and no longer confused.
- CPR should NOT be given during a seizure

**CALL 911 FOR:**

- A seizure lasting longer than \_\_\_\_\_ minutes
  - Any signs of respiratory distress (turns blue/stops breathing) during or after seizure of any length
  - Slow recovery, a second seizure, or difficulty breathing afterwards
  - Any signs of injury/illness that could have caused the seizure (head injury, diabetes, heat stroke)
  - Any significant injury that occurred during seizure
- Other: \_\_\_\_\_

**MEDICATION** *Must be filled out by licensed health care provider; MD, DO, ND, DMD, DC, PA, ARNP, CNM.*

**ORDERS** *OR can be filled out by School Nurse based on BSD “Authorization for Medication to be Taken at School” form*

- \*Midazolam intranasal spray  Dose: \_\_\_\_\_
- \*Nayzilam (midazolam) intranasal spray  Dose: \_\_\_\_\_
- \*Valtoco (diazepam) intranasal spray  Dose: \_\_\_\_\_
- \*\*Diastat (diazepam) rectal gel  Dose: \_\_\_\_\_
- Other:  \_\_\_\_\_ Dose: \_\_\_\_\_

- If student has seizure lasting longer than \_\_\_\_\_ minutes while at school, and the licensed School Nurse is on site, the licensed School Nurse will administer the above medication.
- **\*MIDAZOLAM** (Versed) nasal spray, **\* VALTOCO** (diazepam) nasal spray, or **\*NAYZILAM** (midazolam) nasal spray: If student has seizure lasting longer than \_\_\_\_\_ minutes while at school, & licensed School Nurse *is not on site*; a nurse-delegated trained school employee will administer the intranasal spray as above and CALL 911. If a nurse-delegated trained school employee *is not on site*, call 911.
- **\*\*DIASTAT** (Diazepam/Valium) rectal gel: If student has seizure lasting longer than \_\_\_\_\_ minutes while at school, & licensed School Nurse *is not on site*; CALL 911.

- If student has seizure lasting longer than \_\_\_\_\_ minutes and is off campus, either on the bus commute, or a field trip/community outing where no licensed School Nurse is present; follow procedure as above and call 911.

**AFTER A SEIZURE:**

- Allow student to rest
- Contact parent/guardian; discuss if student should go home, return to class, rest
- Reassure student & gently re-orient as consciousness returns. Student may feel disoriented.
- Document the seizure; length of seizure, what happened before, during & after.
- If other students present during the seizure, reassure them & discuss what happened. Discuss confidentiality, encourage them to support student's privacy & concern of embarrassment.

**SELF CARRY, Health Care Provider please check one (STAFF HAS BEEN TRAINED TO ASSIST WITH MEDICATION ADMINISTRATION)**

- NO, student MAY NOT self carry.
- YES student may SELF CARRY/ADMINISTER. *Provider/student/parent/guardian understands the responsibility of self-carrying medication at school and recognizes that the school **will not** be able to track compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.*

<b>Licensed Health Care Provider's signature:</b>  _____ <small>Signature authorizes medication for length of school year</small>	<b>Date:</b>		<b>Phone:</b>	
	<b>School year:</b>		<b>Fax:</b>	

**I accept this Individual Health Plan.** My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.

<b>Parent/Guardian/Student (age 18) signature:</b>  _____	<b>Date:</b>	
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**Family Responsibility:**

- I will keep track of expiration dates for the medication(s)
- I will furnish medication(s) in original container and pick up medication(s) from the school

If the student DOES NOT self-carry, I request an authorized/trained person(s) at **school assist my student** in taking the medicine(s) described below.

If the student has permission to SELF-CARRY and/or SELF-ADMINISTER THIS MEDICATION I/my student understand the responsibility of self-carrying medication at school and recognizes the school will not track compliance, expiration, or amount. I/my student agrees to hold harmless and indemnify the school and Bellevue School District's officers, employees, and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by myself/my student.

<b>Parent/Guardian/Student (age 18) signature:</b>  _____	<b>Date:</b>		<b>Phone:</b>	
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**INDIVIDUAL CONSIDERATIONS**

**Parent:** If student attends extended day/childcare, clubs before & after school, evening and summer activities, parent will notify the program director of their child's medication and health care needs.

**Classroom:** Teacher to inform substitute teachers of the student's Individual Health Plan

**Field Trip Procedures:** Medication and IHP will accompany student during any off-campus activity

**Transportation:** Bus-Transportation will be informed of the student's Individual Health Plan

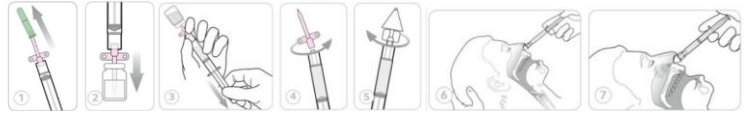
**Other:** RN will notify teachers, specialists, recess staff, and other staff of student's IHP

<b>School Nurse:</b>	RN	<b>Email:</b>	@bsd405.org	<b>Phone:</b> 425-456-
				<b>Fax:</b> 425-456-

Updated 4/2022

**NASAL ATOMIZER (MIDAZOLAM)**

1. Remove the vial adapter cap
2. Pierce the medication vial with the syringe and vial adapter
3. Withdraw the proper volume of medication.
4. Remove/twist off the syringe from the vial adapter.
5. Attach the MAD nasal device to the syringe.
6. Place the tip of the nasal device against the nostril aiming slightly up and outward (toward top of ear).
7. Compress/push the syringe plunger to deliver HALF of the medication.
8. Move the device to the other nostril and repeat steps 6-7 if indicated.



**NAYZILAM OR VALTOCO**

1. Hold the nasal spray device with your thumb on the plunger and middle and index fingers on each side of the nozzle.
2. Place the tip of the nozzle into one nostril until your fingers are against the bottom of the individual's nose.
3. Press the plunger firmly.

