# SEIZURE INDIVIDUAL HEALTH PLAN

**BELLEVUE SCHOOL DISTRICT 2020-2021**

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<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Date:</th>
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<tr>
<td>School:</td>
<td>Grade/Teacher:</td>
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**HEALTH CONCERN** – A neurological disorder in which there are sudden, uncontrolled electrical disturbance in the brain.

**Date of last seizure:**

**Description of last seizure:**

**Warning signs or triggers prior to the seizure?**

Is there a prescription for abortive medication? [ ] YES (see below) [ ] NO

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**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

- **Diastat (diazepam) rectal gel** [ ] Dose: ____
- **Midzaolam intranasal spray** [ ] 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: 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 Midazolam 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 for Midazolam or Diastat 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.

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<tr>
<th>Licensed Health Care Provider’s signature:</th>
<th>Date:</th>
<th>Phone:</th>
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<tr>
<td>Signature authorizes medication for length of school year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School year:</td>
<td>Fax:</td>
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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.

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<tr>
<th>Parent/Guardian signature:</th>
<th>Date:</th>
<th>Phone:</th>
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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

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<tr>
<th>School Nurse:</th>
<th>Email:</th>
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<tbody>
<tr>
<td>, RN</td>
<td>@bsd405.org</td>
<td>425-456-</td>
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| Fax: | 425-456- |

Updated 4/2020