

SEIZURE INDIVIDUAL HEALTH PLAN

BELLEVUE SCHOOL DISTRICT 2020-2021

Name: _____	DOB: _____	Date: _____	
School: _____	Grade/Teacher: _____		
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? <input type="checkbox"/> YES (see below) <input type="checkbox"/> NO			

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: _____

Midazolam 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.

Licensed Health Care Provider's signature: <small>Signature authorizes medication for length of school year</small>	Date: _____	Phone: _____
	School year: _____	Fax: _____
I accept this Individual Health Plan. <i>My signature gives permission for exchange of information between the School Nurse and the Health Care Provider regarding this medication order.</i>		
Parent/Guardian signature: 	Date: _____	Phone: _____

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

School Nurse: _____, RN	Email: _____@bsd405.org	Phone: 425-456-
		Fax: 425-456-

Updated 4/2020