

Seizure Emergency Care Plan and Medication Orders for School or Care Settings

PARENT/GUARDIAN to complete, SIGN and D	ATE Below
Child/patient Name:	Birth date:
Parent/Guardian Contact:	Phone:
Emergency Contact:	Phone:
School:	Grade:
Triggers: tiredness illness temperatur	e Other:
Seizure Warning (aura) if any:	
Has patient ever received rescue medication befor	re? Date:
Antiseizure Medications Taken at Home What	t side effects does this patient experience?
Is patient being treated with a ketogenic diet thera No Yes, family will arrange or discuss plan	
medication and care for my child and, if necessary, confor providing the school with prescribed medication and Care Plan for my child. Parent/Guardian Signature Date Nurs	
HEALTH CARE TEAM to complete, SIGN and I	DATE Below. DO THIS:
Convulsive Generalized Tonic Clonic: These seizures may begin with a warning (aura). The patient will lose consciousness. Yo may see stiffening of the body or rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. Sleepiness and confusion may occur after the seizure. Focal: These seizures often begin with a warning (aura). The patient may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 mins. Sleepiness and confusion may occur after the seizure. Absence: The patient may have sudden changes in alertness. You may see eye flutter or small twitching. Usually last less than 10 secs. These are not an emergency unless clustering for more than minutes without return to baseline. Febrile seizures: The patient may not be on a daily antiseizure medication. Seizures may occur at the beginning of an illness and can appear similar to other seizure types. Preventative treatment with antipyretics does not reduce incidence. OTHER: please describe:	FOR CONVULSIVE SEIZURES ONLY: 1. Time the seizure and record observations. 2. Keep calm. Provide reassurance. Remove bystanders. 3. Protect head, keep airway clear, turn on side. 4. Do not restrain or place anything in mouth. 5. Call 911 if patient is injured or has difficulty breathing. 6. Call guardian. 7. Stay with patient until recovered from seizure. Administer rescue treatments as marked below. FOR ALL OTHER SEIZURE TYPES (BESIDES CONVULSIVE): 1. Time the seizure and record observations. 2. Gently guide patient away from danger. 3. Stay with patient and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch/nudge. 5. Call guardian.
Child has a history of psychogenic non epileptic evens (if selected please provide separate documentation for clarification, these do not require rescue treatments) RESCUE TREATMENTS:	
Implantable devices: does patient have an implantable device? If yes, please descri	be:



If convulsive seizure <u>lasts longer</u> than 5 minutes, or focal seizure >10 minutes administer:
Diastat: rectally mg can give second Diastat dose if seizures continue after minutes.
Nayzilam nasally mg can give second Nayzilam dose if seizures continue after minutes.
Midazolam nasally mg to administer half in each nostril. can give second nasal midazolam dose if
seizures continue after minutes
Valtoco nasally mg can give second Valtoco dose if seizures continue after hours
Multistep seizure rescue plan – Please see attached letter for details.
OR If <u>cluster</u> of or more seizures in minutes, administer:
Clonazepam mg
Diastat: rectally mg
Nayzilam nasally mg can give second Nayzilam dose if seizures continue after minutes
Midazolam nasally mg to administer half dose in each nostril
Valtoco nasally mg can give second Valtoco dose if seizures continue after hours
Multistep seizure rescue plan – Please see attached letter for details.
Mulliotop college recode plant. I loade dee allastica lotter for adams.
[] Call 911 immediately if emergency medication is administered
[] Call 911 if seizure does not stop withinmin of giving medication.
Does patient have photo-sensitive epilepsy (ie. can flashing lights trigger seizures)? (Y/N)
Accommodations : Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.
HEALTH CARE PROVIDER SIGNATURE PRINT PROVIDER'S NAME PHONE/FAX DATE