Longwood Central School District
SEIZURE DISORDER – Emergency Care Plan

Student: _____ Grade: _____ School Contact: _____ DOB: _____

Mother: _____ MHome #: _____ MWork #: _____ MCell #: _____

Father: _____ FHome #: _____ FWork #: _____ FCell #: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

☐ **Tonic-Clonic Seizure**: Symptoms may include an aura, muscle rigidity, followed by violent muscle contractions, loss of alertness (consciousness), biting the cheek or tongue, clenched teeth or jaw, loss of bladder or bowel control, difficulty breathing, blue skin color.

☐ **Simple Focal Seizure:** The person will remain conscious but experience unusual feelings or sensations that can take many forms, may experience sudden and unexplainable feelings of joy, anger, sadness, or nausea. He/she also may hear, smell, taste, see, or feel things that are not real.

☐ **Complex Focal Seizure:** The person has a change in or loss of consciousness. His or her consciousness may be altered, producing a dreamlike experience. People having a complex focal seizure may display strange, repetitious behaviors such as blinks, twitches, mouth movements, or even walking in a circle. These repetitious movements are called *automatisms*. More complicated actions, which may seem purposeful, can also occur involuntarily. Patients may also continue activities they started before the seizure began, such as washing dishes in a repetitive, unproductive fashion. These seizures usually last just a few seconds.

☐**Absence**: Symptoms may be brief lasting only a few seconds and occur several times a day. During the seizure the person may: stop walking and start again a few seconds later, stop talking in mid-sentence and start again a few seconds later. Specific symptoms of typical petit mal seizures may include: changes in muscle activity (hand fumbling, fluttering eyelids, lip smacking, chewing), change in alertness (staring and lack of awareness)

STAFF MEMBERS INSTRUCTED: ❑ Classroom Teacher(s) ❑ Special Area Teacher(s) ❑ Administration ❑ Support Staff ❑ Transportation Staff

TREATMENT: Clear the area around the student to avoid injury.
DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH. Place student on side if possible, speak to student in reassuring tone. Stay with student until help arrives. Please note the time seizure started. Call Nurse at Ext_____

- ❑ Emergency Medical Services (911) should be called, student transported to hospital
  Preferred Hospital if transported: _____
- ❑ **Emergency medication to be given by Nurse at onset of seizure**
- ❑ Student should be allowed to rest following seizure, call parent

Medication ordered: _____ (Attached Medication Form to be completed by physician)

Transportation Plan: ❑ Medication Must be Available on School Bus to & from school, requires extra staffing of nurses.

❑ Medication NOT available on bus ❑ Medication must be available on field trips

Special instructions: _____

Height Restrictions: _____

Activity Restrictions: _____

STAMP

Healthcare Provider Name (Please Print): _____

Signature: _____ Date:_____ Phone: _____

School Nurse:_____Date: _____

Parent/Guardian Signature to share this plan with Provider and School Staff: _____