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POUDRE SCHOOL DISTRICT

Student Services

Health Care Action Plan—Seizure Disorder

Please return form to: _____ School _____ Fax

Name: _____ DOB: _____

ID#: _____ Grade: _____ Parent/Guardian: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: (mother) _____ (father) _____

Emergency Contact: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Specialist: _____ Phone: _____

Diagnosis: _____

Brief Health History (include age at time of onset, how often, how long, what precipitates, any aura)

Description of Seizure

Medications/Dose/Time

Restrictions/Precautions

Interventions:

1. Time seizure and be able to describe the seizure (type, body parts involved, incontinence, disorientation period).
2. Ease to the floor. Loosen collar and any binding clothes.
3. Do not restrain. Keep from hurting self by moving furniture and objects away from body.
4. Place on side to accommodate flow of saliva and maintain an open airway.
5. Do not place a tongue blade or any other object in mouth.
6. If seizure activity ceases and child is able, then assist to Health Office for rest.
7. If seizure lasts beyond about 5 minutes, call 911, school nurse, and parent.

Goals

- ✔ Prevent injury and aspiration during seizure.
- ✔ Promote positive self esteem.
- ✔ Teach importance and benefits of treatment regimen.

I give permission for the information contained on this HCAP to be shared with adults in the school setting that will be working with my child on a need-to-know basis. This HCAP will remain in effect for one year or until the health status or physician's orders change. It is the responsibility of the parent/guardian to notify the school nurse whenever there is any change in the student's health status or care.

School Nurse	Date	Parent/Guardian	Date	Health Care Provider	Date