



Individual Health Plan Seizure Disorder

Name:	Birth Date:
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Type of Seizures:

Behavior **before** Seizure :

Behavior **during** Seizure : (duration and frequency)

Behavior **after** Seizure :

Health Care Provider to Complete

No, this condition is not life threatening. No intervention is needed at this time.

No, this condition is not life threatening. Accommodations needed (see below).

Yes, this is a life threatening condition. An action plan is needed (see below).

Action Plan: If sending student anywhere, send with an escort

Basic Management	Call 911 if:
<ul style="list-style-type: none"> Stay calm & stay with student Note time of onset of seizure Help to the ground if loss of consciousness and turn student on side Do not restrain student Send for help Have office staff contact parent Have student rest in nurse's room after seizure is over 	<ul style="list-style-type: none"> Student turns blue and/or stops breathing (Begin CPR if not breathing) Seizure lasts longer than 5 minutes The person has a series of seizures The student requests to be transported Rectal diazepam is administered by district nursing staff.

Further instructions from HCP: (classroom, school bus, field trips, disaster etc.)

Health Care Provider Signature:	Date:
Parent Signature:	Date:
School Nurse Signature:	Date:

Date Reviewed with Parent

Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature	Date/Nurse Signature