

CLEVELAND CITY SCHOOLS SEIZURE HEALTH CARE PLAN

Name:		Grade:
Age:	School:	
<u>SEIZURE MANAGEMENT PLAN:</u>		
Typical Seizure Pattern:		
Warning Signs:		
Usually looks like:		
<u>During a Seizure:</u>		
<ul style="list-style-type: none"> • Always stay with the child • Position child to avoid choking on saliva • Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp objects) • Do not restrain child or put anything in child's mouth • Roll up something soft and place under the student's head • Loosen any tight clothing and remove glasses if applicable • Have someone remain with child until conscious and no longer confused 		
<u>Plan during seizure:</u>		
<u>After a Seizure:</u>		
<ul style="list-style-type: none"> • Allow child to rest • Notify the parent • Document the seizure, making note in 3 areas – what happened before, during and after the seizure • Help other children deal with the seizure. Talk about seizures, why they happen and what to do 		
Plan after seizure:		
<u>CALL 911 FOR:</u>		
<ul style="list-style-type: none"> • A seizure lasting longer than 3 minutes • Any signs of respiratory distress (stops breathing or turns dusky/blue) • 3 or more seizures within 1 hour 		
<small>Parent agrees to notify school nurse regarding changes in treatment plan.</small>		
<u>Other health concerns:</u>		
<u>Medications:</u>	<u>Dose/Time:</u>	
<u>Parent Signature*</u>		<u>Date:</u>
<small>* signatures required</small>		
More information on other side →		

<u>Dietary concerns/restrictions:</u>	
<u>Contact Information:</u>	
<u>Address:</u>	
<u>Parent/Guardian:</u>	<u>Home phone:</u>
1. _____	<u>Work:</u> _____ <u>Cell:</u> _____
2. _____	<u>Work:</u> _____ <u>Cell:</u> _____
<u>Emergency contact:</u>	<u>Phone:</u>
<u>Primary Care Physician:</u>	<u>Phone:</u>
<u>Speciality MD:</u>	<u>Phone:</u>
<u>School Nurse:</u>	<u>Phone:</u>