GLPS Seizure Health Form

Student Name: _____ **Date of Birth:** _____ **School:** _____

TYPE OF SEIZURE:

☐ Tonic-clonic (Grand Mal)
☐ Absence (Petit Mal)
☐ Simple Partial
☐ Complex Partial
☐ Other_____

Does the student have a Vagal Nerve Stimulator? ☐ Yes ☐ No

IF child has **VAGAL NERVE STIMULATOR** please specify when to use and how often (i.e. Q minute X 4 then administer diastat):

_____

VNS magnet should be kept with the student at all times

Does the student have Diastat? ☐ Yes ☐ No

IF child has **DIASTAT**, please specify:
DOSE: _____MG PER RECTUM AND ADMINISTER AT:
☐ Onset of seizure
☐ _____minutes after onset of seizure
☐ Other: _____

Diastat will be kept in a secured area in the office or nurse's office (if applicable), or in the classroom with trained adult.

- Diastat will not be transported on the bus, EXCEPT for field trips or when administration makes alternate arrangements During the field trip the Diastat should be kept and administered by trained staff ONLY.

Will this child take any other oral/g-tube/nasal **EMERGENCY** seizure medication(s) **AT SCHOOL**? ☐ Yes ☐ No

IF YES, please write in the **EMERGENCY** seizure medication(s) instructions for school (name, dose, route, time, etc.)

_____
_____

*Please complete both sides of this form. Form **MUST** be signed by Parent/Guardian.*

EMERGENCY PLAN OF ACTION

1. Time the seizure.
2. Ease the student to the floor, remove hazards in the area, and turn student onto his/her side to keep airway open.
3. Use vagal nerve stimulator (VNS) and/or rectal diastat if indicated.
4. Call EMS 9-911: if Diastat is administered, if **any** seizure lasts longer than five minutes; if there is any continued, progressive respiratory distress; if another seizure starts right after the first; if school has no record of student history of seizures, and/or if this PCP form indicates in writing to call at onset of seizure.
5. Notify school personnel trained in CPR/first aid to respond and initiate CPR if needed prior to EMS arrival.
6. Notify parent/guardian.
7. If EMS is called the student must be transported via EMS to emergency facility, or parent/guardian must sign release with EMS and then parent/guardian assumes responsibility for student. The student may not return to school that day.
8. When student is transported via EMS, staff should ride with student unless parent and/or emergency contact accompanies them.
9. Document all seizure activity on the seizure flow chart.
10. If the student requires medical treatment while on the bus, the driver will contact EMS.
11. Other: _____

Student Name: _____ **Date of Birth:** _____ **School:** _____

	Please specify likely characteristics.					Other/Comments
Duration	Specify seconds, minutes, etc.					
Aura	Is there an Aura? ☐ Yes ☐ No Conditions or behaviors that usually precede the seizures:					
Extremities	(circle one)	Limp	Flexed	Extended	Jerking	
	Right/Left Arm	☐	☐	☐	☐	
	Right/Left. Leg	☐	☐	☐	☐	
Eyes	Rolled Back			☐ Yes	☐ No	
	Twitching Back and Forth			☐ Yes	☐ No	
	Looking to Right/Left (circle one)			☐ Yes	☐ No	
	Staring			☐ Yes	☐ No	
Mouth	Drawn to Right/Left (circle one)			☐ Yes	☐ No	
	Bites Tongue/Cheek			☐ Yes	☐ No	
	Teeth Clenched			☐ Yes	☐ No	
Breathing	Noisy/Loud Breathing			☐ Yes	☐ No	
	Shallow Breathing			☐ Yes	☐ No	
Other	Incontinent Urine/Stool			☐ Yes	☐ No	
	Drooling/Vomiting			☐ Yes	☐ No	

Form must be signed by parent/guardian.
If you have any questions please email brummettec@glcomets.net or call
Cindy Brummette RN District Nurse Consultant at 517-925-5425

_____	_____	_____
Signature of Parent/Guardian	Telephone Number	Date

_____	_____	_____	_____
Emergency Contact #1	Home Number	Cell	Relationship
_____	_____	_____	_____
Emergency Contact #2	Home Number	Cell	Relationship
_____	_____	_____	_____
Emergency Contact #3	Home Number	Cell	Relationship