

# MIDDLEBOROUGH PUBLIC SCHOOLS

## SEIZURE HEALTH CARE PLAN

Name:	Date:	Photo
Birth Date:		
School:	Grade:	
Teacher:		
<b>Seizure Care Plan:</b>		
Type of Seizure:		
Date of Last Seizure:		
Typical Seizure Pattern:		

Student's Warning signs and/or triggers:
Student's seizures usually look like:

<p><b><u>During a Seizure:</u></b></p> <ul style="list-style-type: none"> <li>● Always stay with the child</li> <li>● TIME the seizure</li> <li>● Position on side if possible to avoid choking : OPEN AIRWAY</li> <li>● Move the child to the floor, if able to, and clear area around child of hazards (hard/sharp objects)</li> <li>● Do not restrain child or put anything in child's mouth</li> <li>● Roll up something soft and place under the student's head</li> <li>● Loosen any tight clothing and remove glasses if applicable</li> <li>● Have someone remain with child until conscious and no longer confused</li> </ul>	<p><b>Protect Child's head</b>  <b>*Clear the Room*</b>  <b>CALL FOR THE NURSE</b></p>
<p><b><u>After a Seizure:</u></b></p> <ul style="list-style-type: none"> <li>● Allow child to rest</li> <li>● Notify the parent</li> <li>● Document the seizure, making note in 3 areas — what happened before, during and after the seizure</li> <li>● Help other children deal with the seizure. Talk about seizures, why they happen and what to do</li> </ul>	
<p><b><u>Plan after a Seizure:</u></b></p>	

**CALL 911 for:**

- A seizure lasting longer than 5 minutes or if child turns dusky / blue
- Any signs of respiratory distress
- Other:

Other Health Concerns:

Medications:	Dose / Time:

Parent Signature:*	Date:
M.D. Signature:	Date:
*Signature required	

**Contact Information**

Parent / Guardian:	Home Phone:
1.	Work: Cell:
2.	Work: Cell:

Home Address:

Emergency Contact:	Phone:
Primary Care Physician:	Phone:
Neurologist:	Phone:
Affiliated Hospital:	Phone: