

Seizure Emergency Care Plan and Medication Orders for School or Care Settings

PARENT/GUARDIAN to complete, SIGN and DATE Below

Child/patient Name:	Birth date:
Parent/Guardian Contact:	Phone:
Emergency Contact:	Phone:
School:	Grade:

Triggers: tiredness illness temperature Other: _____

Seizure Warning (aura) if any: _____

Has patient ever received rescue medication before? _____ Date: _____

Antiseizure Medications Taken at Home	What side effects does this patient experience?

Is patient being treated with a ketogenic diet therapy for epilepsy?

No Yes, family will arrange or discuss plans for school meals and snacks.

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our care team. I take full responsibility for providing the school with prescribed medication and devices. I approve this Seizure Emergency Care Plan for my child.

Parent/Guardian Signature	Date	Nurse/CCHC Signature	Date
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HEALTH CARE TEAM to complete, SIGN and DATE Below.

IF YOU SEE THIS:	DO THIS:
<input type="checkbox"/> Convulsive Generalized Tonic Clonic: These seizures may begin with a warning (aura). The patient will lose consciousness. You may see stiffening of the body or rhythmic jerking movements. Convulsive seizures may last 1-5 minutes. Sleepiness and confusion may occur after the seizure.	FOR CONVULSIVE SEIZURES ONLY: 1. Time the seizure and record observations. 2. Keep calm. Provide reassurance. Remove bystanders. 3. Protect head, keep airway clear, turn on side. 4. Do not restrain or place anything in mouth. 5. Call 911 if patient is injured or has difficulty breathing. 6. Call guardian. 7. Stay with patient until recovered from seizure. Administer rescue treatments as marked below. FOR ALL OTHER SEIZURE TYPES (BESIDES CONVULSIVE): 1. Time the seizure and record observations. 2. Gently guide patient away from danger. 3. Stay with patient and reassure them until recovered from seizure. 4. Do not treat staring that is stopped by a touch/nudge. 5. Call guardian. Administer rescue treatments as marked below.
<input type="checkbox"/> Focal: These seizures often begin with a warning (aura). The patient may be partly alert or unconscious. You may see lip smacking, chewing, eye blinking, or picking at clothes. These seizures usually last 1-2 mins. Sleepiness and confusion may occur after the seizure.	
<input type="checkbox"/> Absence: The patient may have sudden changes in alertness. You may see eye flutter or small twitching. Usually last less than 10 secs. These are not an emergency unless clustering for more than 10 minutes without return to baseline.	
<input type="checkbox"/> Febrile seizures: The patient may not be on a daily antiseizure medication. Seizures may occur at the beginning of an illness and can appear similar to other seizure types. Preventative treatment with antipyretics does not reduce incidence.	
<input type="checkbox"/> OTHER: please describe: _____ _____ _____	
<input type="checkbox"/> Child has a history of psychogenic non epileptic events (if selected please provide separate documentation for clarification, these do not require rescue treatments)	

RESCUE TREATMENTS
Implantable devices:
<input type="checkbox"/> Does patient have an implantable device? If yes, please describe: _____
If convulsive seizure lasts longer than 5 minutes, or focal seizure >10 minutes administer:
<input type="checkbox"/> Diastat: rectally _____ mg <input type="checkbox"/> can give second Diastat dose if seizures continue after ____ minutes. <input type="checkbox"/> Nayzilam nasally _____ mg <input type="checkbox"/> can give second Nayzilam dose if seizures continue after ____ minutes. <input type="checkbox"/> Midazolam nasally _____ mg to administer half in each nostril. <input type="checkbox"/> can give second nasal midazolam dose if seizures continue after ____ minutes <input type="checkbox"/> Valtoco nasally _____ mg <input type="checkbox"/> can give second Valtoco dose if seizures continue after ____ hours
<input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.
OR If cluster of ____ or more seizures in ____ minutes, or repeated seizures without return to baseline >15 minutes administer:
<input type="checkbox"/> Clonazepam _____ mg <input type="checkbox"/> Diastat: rectally _____ mg <input type="checkbox"/> Nayzilam nasally _____ mg <input type="checkbox"/> can give second Nayzilam dose if seizures continue after ____ minutes <input type="checkbox"/> Midazolam nasally _____ mg to administer half dose in each nostril <input type="checkbox"/> Valtoco nasally _____ mg <input type="checkbox"/> can give second Valtoco dose if seizures continue after ____ hours
<input type="checkbox"/> Multistep seizure rescue plan – Please see attached letter for details.
<input type="checkbox"/> Call 911 immediately if emergency medication is administered
<input type="checkbox"/> Call 911 if seizure does not stop within ____ min of giving medication.
Does patient have photo-sensitive epilepsy (ie. can flashing lights trigger seizures)? _____ (Y/N)

Accommodations: Always take seizure action plan and emergency medication for school activities, sports and field trips. Close adult supervision when swimming or climbing.

 HEALTH CARE PROVIDER SIGNATURE PRINT PROVIDER'S NAME PHONE/FAX DATE