# TIEGERMAN EMERGENCY CARE PLAN: SEIZURE DISORDER

	To Be Comple	ted By Parent			
Student:	Grade: T	eacher:	DOB	DOB:	
Mother's Name:	Home:	Work:	Cell:	Cell:	
Father's Name:	Home:	Work:	Cell:		
Parent/Guardian Signature: Date:					
This plan will be shared with district s	taff on a need to knov	v basis to protect the sa	fety of your chi	ld	
SIGNS OF A GENERALIZED TONIC (  Sudden loss of consciousness; blace Fall to the ground, sometimes with Entire body usually becomes rigid, Breathing may be shallow or may developed the control of the co	CLONIC SEIZURE MA Ider control may be long a cry then jerking of the faceven stop hild may be confused, F SHOULD: Dijects if possible. Note Do not restrain or pelanket, towel) under he ninutes, no other med zure lasts longer than e child's lips or skin may e does not begin again f/ER: t across a double or treating dispatch per dist e at the number below	AY INCLUDE:  Ist  Ist  Ist  Ice, trunk and limb ensured, and the seizure started.  In anything in the mouth and anything in the mouth anything in the mouth and assistance is usually any have a bluish tinge, was the child's airwand, check the child's airwand iple seat-facing away from the way to school and the child in the way to school and the child in the way to school and the child in the way to school and the wa	es neadache th. nove glasses. y needed. Stud which corrects as	Photo  ent may be tired.  s the seizure ends. on and begin CPR.  isle.	
Т	o Be Completed By	Health Care Provider			
Diagnosis (Tura of Sairuma)					
Medication (Dose/Route)					
☐ Medication administered by nurse☐ Medication must be available on b	at onset of seizure or us: No Yes	☐ Medication is nee	s eded on field tri	ps: No Yes	
Use (VNS) Vagal nerve stimulator mag	gnet NA Yes	Describe use and frequency			
Activity Restrictions Needed No	Yes (explain)				
Doctor Name (Please Print):					
Doctor Signature:		Date:		<del>_</del>	
This plan is in effect for the 201201_ School Year					
School Nurse:		School			
Phone:	Fax:	Em	ail		
Staff Members Instructed:					

## **Seizures-Information for Staff**

## When you see someone having a seizure, do not be frightened. Remain calm and remember:

- If a person starts to bleed from the mouth, s/he has probably bitten the tongue and is most likely not bleeding for any other reason. This can be taken care of after the seizure ends.
- Most seizures last only 1-2 minutes, although the person may be confused for some time afterward. Once a seizure has started, you cannot stop it, just let it run its course. During a seizure, a person often stops breathing for only a few seconds.
- People don't feel pain during a seizure, although muscles might be sore afterward.
- Only in emergencies are drugs used to bring seizures to an end. That is because the person is not breathing regularly and may reduce oxygen intake if it lasts over 3 minutes or is repetitive.

## First Aid in the Water

#### While in the water

• Turn the person face up. Support the face out of the water. Tilt head back to keep airway clear. Get the person out of the water as soon as possible.

#### Once out of the water

- Place person on their side. Check to see if person is breathing.
- If the person is not breathing, **begin resuscitation promptly. Call an ambulance immediately**. This is essential.

## For Persons in Wheelchairs

#### For someone having a tonic-clonic seizure in a wheelchair

- Do not remove from wheelchair unless absolutely necessary to maintain safety and let the seizure run its course.
- Lock brakes to prevent movement. Fasten seatbelt loosely to prevent from falling from wheelchair.
- Protect and support the head to ensure airway is open. Do not put anything in the person's mouth.
- Pad around limbs; remove anything from the area that may cause injury.

#### After the Seizure

- Remove from wheelchair, lay on side if possible. If not, place the wheelchair in a **partial recline** position. (not full recline)
- Gently turn the persons head to the side to let the saliva flow out of the mouth. Let the person rest or sleep if it is needed. Be reassuring, comforting and calm as awareness returns.

#### **Emergency Signs**

#### Cal 911 if you notice any of these warning signals during and/or after a seizure.

- A seizure lasts longer than 5 minutes or starts again after a few minutes. This could be status epilepticus, (a continuous state of seizure) which can be life threatening and requires immediate assistance.
- The person is injured during the seizure.
- The person experiences labored breathing or chest pain.
- Consciousness does not return after the seizure.
- Pupils of the eyes are different sizes or dilated (bigger) after the seizure.

## When calling for emergency help, give the following information:

- The type of emergency-seizure (Status Epilepticus)
- Your name, address or location and main intersection and phone number of where you are.
- The telephone number you are calling from. Clear a path to the patient move furniture and unlock doors. Have someone ready to meet the ambulance, if possible.

#### When the Ambulance Arrives

• Be prepared to answer the following questions related to: consciousness, breathing, time seizure started and how long seizure has lasted, any injuries, whether or not the person has other health conditions.