YONKERS PUBLIC SCHOOLS

EMERGENCY CARE PLAN: SEIZURE DISORDER

To Be Completed By Parent

Student: _____ Grade:____ Teacher: _____ DOB: _____
Mother's Name: _____ Home: _____ Work: _____ Cell: _____
Father's Name:_____ Home: _____ Work: _____ Cell: _____
Parent/Guardian Signature: _____ **Date:**_____
This plan will be shared with district staff on a need to know basis to protect the safety of your child

TYPE OF SEIZURE:

SYMPTOMS OF A SEIZURE EPISODE MAY INCLUDE ANY/ALL OF THESE:

☐ **Tonic-Clonic Seizure**: Symptoms may include an aura, muscle rigidity, fall to the ground, followed by violent muscle contractions, loss of alertness (consciousness), biting the cheek or tongue, clenched teeth or jaw, loss of bladder or bowel control, difficulty or shallow breathing or may even stop, blue skin color. Confusion, drowsy, headache after seizure ends.

☐ **Simple Focal Seizure:** The person will remain conscious but experience unusual feelings or sensations that can take many forms, such as sudden and unexplainable feelings of joy, anger, sadness, or nausea. He/she also may hear, smell, taste, see, or feel things that are not real.

☐ **Complex Focal Seizure:** The person has a change in or loss of consciousness. It may be altered, producing a dreamlike experience, display strange, repetitious behaviors such as blinks, twitches, mouth movements, or even walking in a circle. More complicated actions, which may seem purposeful, can also occur involuntarily. They may continue an activity they started before the seizure began, such as washing dishes in a repetitive, unproductive fashion. These seizures usually last just a few seconds.

☐**Absence**: Symptoms may be brief, only a few seconds and occur several times a day. The person may: stop walking or talking mid-sentence and start again a few seconds later. Specific symptoms of typical petit mal seizures may include: changes in muscle activity (hand fumbling, fluttering eyelids, lip smacking, chewing), change in alertness (staring and lack of awareness)

IN THE EVENT OF A SEIZURE, STAFF SHOULD:

- Remain calm, notify the nurse, begin timing the seizure
- Keep **SAFE**, clear area of object if possible.
- **SIDE**, turn on side if not awake, keep airway clear, NO RESTRAINTS, NO OBJECTS IN MOUTH
- Clear the area of other students/objects if possible.
- If possible, place something soft (blanket, towel) under head for protection. Remove glasses.
- If the seizure lasts **less than 5 minutes**, no other medical assistance is usually needed. Student may be tired.
- If there are multiple seizures or seizure lasts **longer than 5 minutes**, call 911.
- If breathing is shallow or stops, the child's lips or skin may have a bluish tinge, which corrects as the seizure ends.
- In the unlikely event that breathing does not begin again, check the child's airway for obstruction and begin CPR.
- Call parent as soon as able.

WHEN TO CALL 911:

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue medications, (if applicable).
- Repeated seizures longer than 10minutes, no recovery between them, not responding to rescue medications.
- Difficulty breathing after seizure.
- Serious injury occurred or suspected.
- Seizure in water.
- Seizure in a student/staff member without any history.
- Anytime there is a question about the safety of a student/staff member.

INSTRUCTIONS FOR THE BUS DRIVER:

- Pull over and stop bus. Lay student across a double or triple seat-facing away from seat, or in aisle.
- Follow plan above. Driver should notify dispatch per district procedures.
- Dispatch should notify school nurse at the number below if on the way to school.
- **If seizure last over 5 minutes**, ask dispatch to contact 911, then parent. Dispatch will also notify school nurse.

To Be Completed By Health Care Provider

Diagnosis (Type of Seizure)_____

Medication (Dose/Route)_____

*Rectal Medication can only be administered by an RN or LPN under the direction of an RN

☐ Medication administered by nurse at onset of seizure or within _____ minutes

☐ Medication must be available on bus: ☐ No ☐ Yes ☐ Medication is needed on field trips: ☐ No ☐ Yes

Use (VNS) Vagal nerve stimulator magnet ☐ NA ☐ Yes _____

Describe use and frequency

Activity Restrictions Needed ☐ No ☐ Yes (explain) _____

Doctor Name (Please Print): _____Phone: _____Fax: _____

Doctor Signature: _____ Date: _____

This plan is in effect for the 2022 -2023 School Year

School Nurse: _____ School _____

Phone: _____ Fax: _____ Email _____

Staff Members Instructed: _____