



ALABAMA STATE DEPARTMENT OF EDUCATION

Seizure Individual Health Care Plan



Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Section II – Nurse (Please Check all that apply)

Has Parent/ Guardian presented seizure management plan to School Nurse  NO  YES?

Does student experience an aura before seizures?  No  Yes If "Yes," describe:

Behavior or activity student usually exhibits during seizures:

**School Plan: \*A completed & signed authorization form required for each medication administered in school setting.**

IF YOU SEE THIS...	DO THIS...
<b>SEIZURE ACTIVITY:</b> <b>Student has VNS?</b> <input type="checkbox"/> Yes → Swipe Magnet* (Refer to Order Form) <input type="checkbox"/> No	<ol style="list-style-type: none"> <li>1. Remain with student, provide privacy, and clear area.</li> <li>2. If tonic/clonic seizure, place student on side-lying position.</li> <li>3. Do not put anything in mouth or restrict student. Protect head.</li> <li>4. Time/duration of seizure. Document activity on Seizure Log.</li> <li>5. Contact parent/emergency contact to inform him/her of seizure.</li> <li>6. Contact parent and/or EMS if student is unable to return to normal activity following postictal period. Student will not remain at school.</li> <li>7. NAME OF UNLICENSED SEIZURE MEDICAL ASSISTANT IF ONE _____</li> </ol>
<b>*Emergency Medication ordered for school?</b> Yes      No	
<b>UNLICENSED SEIZURE MEDICATION ASSISTANT (USMA)</b>  Yes      No <b>*Administer Medication after _____ minutes and repeat as ordered.</b>	<b>UNLICENSED SEIZURE MEDICATION ASSISTANT (TRAINED)</b>  Name _____ Coverage Time _____  <ol style="list-style-type: none"> <li>1. Administer emergency medication as prescribed <u>Nurse or USMA.</u></li> <li>2. *MEDICATION DOSAGE: _____</li> <li>3. Contact parent/emergency contact. EMS will treat per protocol.</li> </ol>

Bus Plan:

IF YOU SEE THIS...	DO THIS...
Seizure activity is noted.  _____ <b>*Emergency Medication ordered for bus ride?</b> Yes      No	<ol style="list-style-type: none"> <li>1. Bus driver will pull over at first safe location and call 911.</li> <li>2. Driver or aide will remain with student and provide privacy as possible.</li> <li>3. Place student on his/her side and do not restrain. Protect head.</li> <li>4. Administer emergency medication if trained.</li> <li>5. Notify parent or emergency contact and dispatch.</li> <li>6. Document time and specifics of seizure. Report same to EMS personnel.</li> </ol> Parent or Emergency Contact Name and Number _____ _____ Phone _____

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

USMA Signature \_\_\_\_\_

USMA Signature \_\_\_\_\_

Medication	Expiration Date	Self-Carry?	Location of Medication and/or Magnet