

**Spectrum Academy  
Health Care Plan**

**SEIZURES**

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

A seizure is a sudden surge of electrical activity in the brain. Seizures are a symptom of a disease and not a disease themselves. They can be the result of a traumatic brain injury, extreme elevated temperature or familial tendencies. Some seizures are not physically apparent while others can be completely debilitating. Outward presentations of seizure activity can be seen as severe convulsions - wildly thrashing movements, full body slumping / going limp, or a loss of awareness. The medical term for recurrent, unprovoked seizure activity is epilepsy.

**1. STUDENT'S SEIZURE INFORMATION:**

A. Student was diagnosed with seizures at age \_\_\_\_\_

B. Student has the following type of seizure(s):

a.  **GENERALIZED TONIC CLONIC (GRAND MAL):**

Brief Description: A GTC seizure is characterized by a loss of consciousness followed by stiffening for a few seconds (tonic phase) then followed by a period of jerking (clonic phase). This seizure affects the whole body. A student may fall to the floor, gasp out and then begin jerking. Bladder incontinence, drooling, tongue biting and irregular breathing may accompany these seizures. These seizures generally last 30 second to 3 minutes. Following the seizure a period of confusion or deep sleep occurs.

b.  **ABSENCE:**

Brief Description: An absence seizure is the most common type of seizure disorder in children and occurs frequently throughout the day and lasting only a few seconds. They may be mistaken for daydreaming, lack of attention or deliberate ignoring of adult instruction.

c.  **SIMPLE PARTIAL:**

Brief Description: In this type of seizure, only one part of the brain is involved. The student is aware of the seizure because consciousness is not impaired. Some symptoms include: Hand or mouth movement, head or eyes turned to the side, a pins and needle sensation, a feeling of numbness, hearing noises or smelling non-existent odors. The child may also have one sided jerking or limpness.

d.  **COMPLEX PARTIAL:**

Brief Description: This seizure is one in which only one part of the brains is involved. The child may be partially aware of have a distortion or consciousness. Symptoms are unique from individual to individual but are always characterized by purposeless activity. The student may have a glassy stare, random movements of arms or legs, walk around aimlessly piking at their clothes or moving their lips.

e.  **ATONIC (DROP):**

Brief Description: This seizure is characterized by sudden, brief loss of muscle tone lasting 1 - 2 seconds. They can also be described as drop attacks that may be anything from head nods to total body drops. These seizures often cause injury.

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f.  **MYOCLONIC:**

Brief Description: this seizure is sudden, characterized by a single very brief body jerk or can occur one after another repetitively or in clusters.

**2. KNOWN SEIZURE TRIGGER(S):**

Noise

Computer screens

Flashing lights

Fever

Other \_\_\_\_\_

Unknown

**3. FREQUENCY AND DURATION OF SEIZURE ACTIVITY:**

Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_

**4. BEHAVIOR CHANGES PRIOR TO A SEIZURE:**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**5. SIGNS AND SYMPTOMS DURING SEIZURE ACTIVITY:**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

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**6. POST SEIZURE ACTIVITY:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

**7. STAFF INTERVENTIONS DURING SUSPECTED SEIZURE ACTIVITY:**

- A. Remain calm.
- B. Notice time seizure activity started
- C. Send someone to call for assistance.
  - a. Notify school nurse
  - b. Notify parents
- D. Protect from injury.
- E. If seizure becomes severe or convulsive:
  - a. Cushion head and protect from injury
  - b. Loosen clothing around neck
  - c. Turn on side to keep airway clear
  - d. Nothing by mouth.
  - e. Do not restrain
- F. Observe length of seizure.
  - a. If school nurse is not available and seizure activity lasts longer than 5 minutes call 911.
  - b. Make copy of Health Information sheet to have available for EMS upon arrival.
- G. If at any time student stops breathing or has respiratory difficulties, send someone to call 911 while trained staff initiate rescue breathing / CPR if indicated.
- H. Staff member to stay with student at all time - **NEVER LEAVE STUDENT UNATTENDED.**
- I. Remain with student until student is completely aware of environment
- J. Allow student to rest as needed after incident
- K. Document:
  - a. When did seizure activity occur and length of seizure.
  - b. Where was student when incident occurred?
  - c. Were there any predisposing factors that may have contributed to seizure?
  - d. Interventions taken.
  - e. Staff members involved with incident.

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8. Does student need special considerations related to health concern while at school?

- A.  Modified classroom
- B.  Modified PE class
- C.  Modified outside activities
- D.  Field trips
- E.  Environmental changes
- F.  Emotional or behavioral
- G.  Other

9. Additional information:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

10. Document all suspected seizure activity and staff interventions on Seizure Tracking Log.

11. See attachments:

- a. Seizure First Aid
- b. Seizure Tracking Log

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**AUTHORIZATION / INFORMED CONSENT / MEDICAL RELEASE**

I have reviewed and am in agreement with the Health Care Plan and I authorize school officials to provide my child with health care services in accordance with this plan. I understand that my student's health information will need to be shared:

- A. To benefit the student in terms of health maintenance and academic progress.
- B. When necessary to accommodate the safety and well-being of student and staff.
- C. With the discretion of the school nurse to determine what is shared and who should know.

I understand that consent for sharing of health information will remain in effect as long as my student is enrolled in Spectrum Academy and may be revoked at any time in writing by parent / guardian.

I understand if clarification of the health information is needed, my signature authorized the school nurse to contact the medical provider and authorized the medical provider to release information.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date