HUMBLE ISD HEALTH SERVICES

SEIZURE MANAGEMENT PLAN

STUDENT _____ ID _____ GRADE _____ DOB _____
PARENT _____PHONE_____ (2) _____
PHYSICIAN_____PHONE_____
MEDICAL HISTORY (OTHER THAN SEIZURES) _____

SEIZURE INFORMATION

TYPE	LENGTH	FREQUENCY	DESCRIPTION

Warning signs_____

Medications:

DAILY MEDICATION	STRENGTH	DOSE	ROUTE	TIME	OTHER INFO

General procedure

- Remain calm
- Notify the nurse
- Track time – Seizure Flow Sheet
- Lay the student on side
- Clear area of harmful objects
- Do not Restrain
- Monitor vital signs
- After _____ call 911
- Initiate CPR if necessary
- Observe for beginning of another seizure

EMERGENCY PROTOCOL –
When seizure (tonic/clonic) last more that 5 minutes
Repeated seizure without regaining consciousness

Student is injured
Respiratory Distress
First time Seizure
Student is injured

→ 911

EMERGENCY MEDICATION –IF AVAILABLE

Medication	Strength	Dose	Route	Other Info

☐ Student has a **Vagus Nerve Stimulator** (VNS)
Magnet Orders_____
_____

Physician _____ Date_____
Parent signature below indicates consent to administer medication above and consent for Humble ISD staff to communicate with the physician listed above regarding any aspect of the student's care plan

Parent_____ Date_____
Signature