



INDIVIDUALIZED STUDENT HEALTH PLAN/EMERGENCY CARE PLAN

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year \_\_\_\_\_

Confidential

THIS CHILD IS BEING TREATED FOR A SEIZURE DISORDER

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician/Neurologist: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

SEIZURE INFORMATION: INFORMATION:

Table with 4 columns: Seizure Type, Length, Frequency, Description

Seizure triggers or warning signs: \_\_\_\_\_

Child's reaction to seizure \_\_\_\_\_

DAILY SEIZURE MEDICATIONS:

Table with 4 columns: Medication, Dosage, Directions, Side Effects

PROCEDURES:

- Procedures list: Vagus Nerve Stimulator Procedure, Diastat Procedure, Lorazepam Procedure, None, Other: \_\_\_\_\_

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: (re: school activities, sports, trips, etc.)

- Special considerations list: None, No contact sports, No use of power tools/power equipment, No swimming, Other: \_\_\_\_\_

BASIC FIRST AID: CARE & COMFORT:

- First aid instructions: Stay calm and track time, Keep child safe and provide privacy, Protect head, Do not restrain, Do not put anything in mouth, Keep airway open/watch breathing, Turn child on side, Loosen constrictive clothing, Stay with child until fully conscious, Record seizure in log, Monitor airway, breathing and circulation

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Confidential (cont.)*

**EMERGENCY RESPONSE:**

A "seizure emergency" for this child is defined as: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- Contact School Nurse
  - Call 911
  - Notify parent/guardian or emergency contact
  - Parent/guardian to notify doctor
  - Administer emergency medications as indicated below
  - Other \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

**TREATMENT PROTOCOL:**

Does child have a **Vagus Nerve Stimulator (VNS)**?  YES  NO

**VAGUS NERVE STIMULATOR**

**I. GENERAL INFORMATION**

A. Vagus Nerve Stimulator (VNS) is indicated for use as an adjunctive therapy in the treatment of seizures that are refractory to anti-epileptic medications. It is a surgically implanted VNS, which is generally placed under the skin in the upper left chest.

**II. AUTHORIZED AND TRAINED PERSONNEL**

- A. School Nurse
- B. Unlicensed assistive personnel trained to administer Vagus Nerve Stimulator
- C. Parent/guardian

**III. SYMPTOMS WHICH COULD DEVELOP**

Each person has different results from using the magnet of the **vagus nerve stimulator**. The magnet can **stop** all or most seizures, **shortens** their length, or **lessens** their intensity or their recovery period.

**IV. PROCEDURE**

- A. Swipe the magnet over the generator implant area, which is located on the student's upper chest. Swipe once using a down to upward movement over the implant. This can be done over the student's clothing.
- B. If seizure continues for more than one minute, use the magnet to swipe again over the implant. **You can continue to swipe once every minute until seizure activity ceases.**
- C. Call **911** immediately if there are signs of cyanosis or if the seizure lasts more than **five** minutes.
- D. Once the seizure has stopped, if the student is awake, resume classroom activity. If the student is lethargic, you can have the student lie on their side and monitor for breathing and level of consciousness.
- E. Document the use of the magnet on the **Seizure Report**.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Confidential (cont.)*

## V. SPECIAL CONSIDERATIONS

If you use the magnet correctly, stimulation will start right away after the magnet passes over the pulse generator. There are three reasons why the magnet will not start stimulation:

1. The pulse generator is not working. For example the battery may be expired.
2. The doctor has not activated the Magnet Mode Feature.
3. The magnet is not correctly applied over the Pulse Generator.
4. **Teacher Note: Please place a copy of this information in your substitute file.**

## VI. CAUTION

When the magnet is held continuously or taped over the implanted VNS, it will turn the VNS completely off.

## TREATMENT PROTOCOL:

Does child have Diastat medication orders?  YES  NO

## DIASTAT

### I. GENERAL INFORMATION

- A. Diastat is a rescue drug used in seizure emergencies such as prolonged seizures or cluster seizures.
- B. The procedure for Diastat must be used in conjunction with the Specialized Physical Health Care Service/IHP procedure for seizures. The SPHCS for seizures includes health information specific to the individual student.
- C. Parent/guardian will be responsible for:
  1. Providing necessary supplies and equipment (Diastat, gloves, lubricant, drape), including 3 day emergency supply of medication
  2. Completion of all authorization forms and providing medication orders from physician to administer medications
  3. Notifying school that the pupil has had an emergency anti-seizure medication administered within the last four hours on a school day
  4. Providing school with written consent to allow school nurse to communicate directly with pupil's health care practitioner
- D. The school will notify the parent/guardian that an emergency anti-seizure medication has been administered

### II. AUTHORIZED AND TRAINED PERSONNEL

- A. School Nurse
- B. Volunteer unlicensed assistive personnel trained to administer Diastat
- C. Parent/guardian

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Confidential (cont.)*

**III. MEDICATION ORDERS**

Diastat \_\_\_\_\_mg Acudial:

- A. Give \_\_\_\_\_mg per rectum for seizures > \_\_\_\_\_minutes; or in clusters > \_\_\_\_\_seizures in 1 hr  
\_\_\_\_\_
- B. Call 911 when administering Diastat rectal gel (EC 49414.7)
- C. Side Effects: drowsiness, sleepiness, fatigue, poor coordination, unsteadiness, behavior change
- D. Notify school nurse and parent/guardian that Diastat has been given. Notify parent/guardian or emergency contact to pick up student from school
- E. It is the parent's/guardian's responsibility to monitor the student's status after the delivery of Diastat

**Authorized Health Care Provider Authorization for Management of Seizures at School**

My Signature below provides authorization for the above written order, including administration of Diastat. I understand that all procedures will be implemented in accordance with state laws and regulations. I understand that specialized physical health care services may be performed by unlicensed designated school personnel. This authorization is for a maximum of one year. If changes are indicated, I will provide new written authorization (may be faxed).

\_\_\_\_\_  
(Physician Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Office Address)

\_\_\_\_\_  
(Print Physician Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

**Parent Consent for Management of Seizures at School**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Parent/Guardian Name)

\_\_\_\_\_  
(Date)

Cc: back up nurse



**Capistrano Unified School District Health Services  
INDIVIDUALIZED STUDENT HEALTH PLAN/EMERGENCY CARE PLAN**


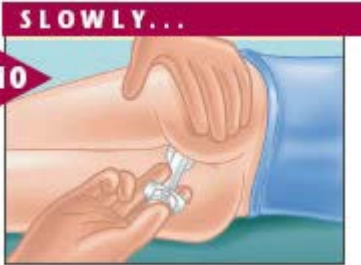
Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Year \_\_\_\_\_

*Confidential*

**THIS CHILD IS BEING TREATED FOR A SEIZURE DISORDER**

**IV. PROCEDURE**

<b>Purpose</b>	Provide emergency anti-seizure medication for seizure activity.	Administer medication to bring seizure activity under control and provide follow-up monitoring.
<b>Equipment And Supplies</b> <b>*(Responsibility of parent/guardian)</b>	1. Gloves 2. Drape 3. Diastat Rectal Delivery System (syringe and lubrication jelly) 4. Spare Diastat kit in the event that the plastic seal pin breaks off during preparation. Consider storing spare kit with disaster supplies. *Medication cabinet to remain locked at all times.	
<b>PROCEDURE</b>		
<b>ESSENTIAL STEPS</b>	<b>KEY POINTS &amp; PRECAUTIONS</b>	
<ol style="list-style-type: none"> <li>1. Wash hands if student's status permits.</li> <li>2. Activate emergency response.</li>   <li>3. Request assistance, if needed.</li> <li>4. Assemble equipment (Diastat).</li> <li>5. Reassure student during procedure.</li> <li>6. Position student on his/her side on the floor, and loosen clothing.</li> <li>7. Prepare syringe for administration.</li> </ol> <div data-bbox="256 1297 613 1535" style="text-align: center;"> </div> <ol style="list-style-type: none"> <li>a. Push up with thumb and pull to remove cover from syringe.</li> </ol> <div data-bbox="256 1619 613 1856" style="text-align: center;"> </div> <ol style="list-style-type: none"> <li>b. Lubricate rectal tip with lubricating jelly.</li> </ol>	<p>Send personnel to call:</p> <ol style="list-style-type: none"> <li>a. 911</li> <li>b. School Nurse</li> <li>c. Parent/guardian</li> </ol> <p>Clear area surrounding student, provide for privacy.</p> <p>Maintain open airway. Monitor breathing.</p> <p>Make sure that plastic seal pin is removed with cap.</p> <p>If plastic seal pin is not visualized and cannot be removed from applicator tip, do not use, discard and obtain another applicator.</p>	

ESSENTIAL STEPS (cont.)	KEY POINTS & PRECAUTIONS
<p>8. Put on gloves.</p> <p>9. Position student and drape student as status permits:</p> <ol style="list-style-type: none"> <li>Turn student on his/her side facing you.</li> <li>Bend upper leg forward to expose rectum.</li> <li>Separate buttocks to expose rectum and continue supporting student in side position.</li> </ol> <p>10. Administer medication:</p> <ol style="list-style-type: none"> <li>Gently insert syringe tip into rectum.</li> <li>Slowly count to 3 while gently pushing plunger in until it stops.</li> <li>Slowly count to 3 before removing syringe from rectum.</li> <li>Slowly count to 3 while holding buttocks together to prevent leakage.</li> </ol> <p>11. Remain with and continuously observe student during and after seizure until school nurse, parent/guardian or paramedics take over care.</p> <p>12. Keep student in side position and continuously observe.</p> <p>13. Document the following on seizure log:</p> <ol style="list-style-type: none"> <li>Seizure activity and duration.</li> <li>Breathing status</li> <li>Document cyanosis.</li> </ol>	<div style="text-align: center;">  </div> <p>Note time Diastat is given.</p> <div style="text-align: center;">  </div> <p>Student may have a bowel movement after Diastat has been administered. Clean using standardized precautions. Replace clothing, keeping student in side position.</p> <p>Diastat may take several minutes to take effect. Student must be continually observed until release to parent/guardian or paramedics.</p> <p>Manufacturer states that student needs 4 hours of observation.</p> <p>Side Effects: drowsiness, sleepiness, fatigue, poor coordination, unsteadiness, behavior change.</p> <p>Observe breathing: regular or irregular. May be depressed or intermittent with seizure activity. Check for skin color. Skin color may be bluish, a sign of inadequate breathing and lack of oxygen.</p>