

**SEIZURE - Individual Health Plan (IHP)**

According to Washington State Law RCW (28A.210.320) the attendance of every child shall be conditioned upon the presentation before or on the child's first day of attendance a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at school. Once such an order has been presented, the child shall be allowed to attend school. Contact the school if you have questions.



Student Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Year: \_\_\_\_\_  
 Teacher: \_\_\_\_\_

Other ID: \_\_\_\_\_ Walker  Bus Rider  Bus Number: \_\_\_\_\_

Bus Driver: \_\_\_\_\_ Bus Route: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Guardian 1: Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian 2: Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medication at school: \_\_\_\_\_ Medication at home: \_\_\_\_\_

Vagus Nerve Stimulator Yes  No

EMERGENCY INTERVENTION FOR Grand Mal Convulsive Seizure:	
<p style="text-align: center;"><b>Grand Mal (Tonic-Clonic)</b></p> <p style="text-align: center;"><i>Muscles tense, body rigid, can be followed by a temporary loss of consciousness and shaking of entire body.</i></p>	<ul style="list-style-type: none"> <li><b>CALL 911</b></li> <li>Stay calm &amp; track time.</li> <li>Turn student onto their side to keep their airway open.</li> <li>Protect head and put something flat and soft under the student's head.</li> <li>Do not restrain movements.</li> <li>Do not put anything in the student's mouth.</li> </ul>
<p style="text-align: center;"><b>Emergency Medication at school ?</b></p> <p>NO:  <input type="checkbox"/> <b>If NO</b>, Call 911 according to district protocol</p> <p>YES:  <input type="checkbox"/> <b>If YES</b>, follow these 4 steps</p> <p><b>Medication Name:</b> _____</p> <p><b>Medication Location:</b> _____</p>	<ol style="list-style-type: none"> <li>1. <b>CALL 911</b> state "<u>I need a Paramedic to administer seizure medication.</u>"</li> <li>2. Notify office/nurse to bring emergency rescue medication to the student's location.</li> <li>3. <b>If nurse is on location</b>, they will administer the medication per HCP's orders.</li> <li>4. <b>If the nurse is not on location</b>, give the emergency medication to the Paramedics.</li> </ol>

Seizure History:	Type of seizure: _____ Age of onset: _____ Date of last seizure: _____ Frequency of seizures: _____ How long do they last: _____ Warning signs: _____ _____
Triggers:	
Additional Information:	

**LWSD Protocol for administration of a rescue seizure medication**

**If nurse is in building:** 911 is called and seizure rescue medication is administered by nurse.

**If nurse is not in building:** 911 is called and paramedics response is requested as they are qualified to give these medications.

- Most emergency medication can only be administered by nurse or paramedic
- Since paramedic response times can vary, LWSD cannot guarantee the time frame in which the medication will be given.
- Since emergency medications remain in school building, bus driver will call 911 via dispatch and request paramedic response.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse RN: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this plan will be kept in the Health Room and will be available to necessary staff in Skyward.  
 It is the teacher's responsibility to communicate medical concerns to their substitute teacher by placing a copy of each health plan in their sub folder.

**CONFIDENTIAL INFORMATION - SHRED PRIOR TO DISCARD**