


 OCS
Oversboro Catholic Schools
Seizure Plan of Care

Student: _____ DOB: _____ Physician(s): _____

School Year: _____ School: _____ Grade: _____

Characteristics of Actual or Potential Seizure (i.e. triggers, aura, etc):	History of Seizure Duration (specify seconds, minutes, etc)	Will Diastat be administered? _____ NO _____ YES If "YES," describe duration or situation to give:
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Procedure Steps

During Seizure

- Move hazards from the area to prevent further injury.
- Ease the student to the floor & turn onto side to allow saliva to drain and keep airway open.
- Cushion the head with something soft
- Speak to student in calming tones
- Loosen restrictive clothing
- Do not restrain movements
- Do not put anything in the mouth.
- Do not try to force the mouth open.
- Do not try to hold onto the tongue.
- Do not give food or drink during or immediately after seizure until full consciousness returns
- Administer emergency medication if ordered (**See back of page for details of Diastat Administration**)
- Observe:
 - Time and Length of seizure by clock,
 - Color of Face, Lips, Skin
 - Breathing—may stop or be shallow during seizure
- **Call 911 if:**
 - If seizure lasts longer than five (5) minutes, or
 - If there is any continued, progressive respiratory distress, or
 - If another seizure starts right after the first

After Seizure

- Monitor breathing
- Assess consciousness/movement
- Check for injuries
- Keep student quiet & comfortable
- Notify Parent/Guardian
- Let student rest until full consciousness returns, then may offer light food/drink

It is the responsibility of the parent/guardian to provide any needed medications or supplies to the school.

Program Plan of Care reviewed and approved by:

Parent/Guardian Signature	Date	School Nurse Signature	Date
Principal Signature	Date	Physician Signature	Date