

PREVALENT MEDICAL CONDITION — EPILEPSY

Plan of Care

STUDENT INFORMATION

Student Name _____ Date Of Birth _____

Ontario Ed. # _____ Age _____

Grade _____ Teacher(s) _____

Student Photo (optional)

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No

If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.

Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g. buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

KNOWN SEIZURE TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- | | | |
|--|--|--|
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menstrual Cycle | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Changes In Diet | <input type="checkbox"/> Lack Of Sleep | <input type="checkbox"/> Electronic Stimulation
(TV, Videos, Florescent Lights) |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Improper Medication Balance | |
| <input type="checkbox"/> Change In Weather | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Any Other Medical Condition or Allergy? _____ | | |

DAILY/ROUTINE EPILEPSY MANAGEMENT	
DESCRIPTION OF SEIZURE (NON-CONVULSIVE)	ACTION:
	(e.g. description of dietary therapy, risks to be mitigated, trigger avoidance.)
DESCRIPTION OF SEIZURE (CONVULSIVE)	ACTION:
SEIZURE MANAGEMENT	
<p>Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.</p>	
SEIZURE TYPE	ACTIONS TO TAKE DURING SEIZURE
<p>(e.g. tonic-clonic, absence, simple partial, complex partial, atonic, myoclonic, infantile spasms)</p> <p>Type: _____</p> <p>Description: _____</p>	
<p>Frequency of seizure activity: _____</p> <p>_____</p>	
<p>Typical seizure duration: _____</p>	

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

Does student need to leave classroom after a seizure? ☐ Yes ☐ No

If yes, describe process for returning student to classroom: _____

BASIC SEIZURE FIRST AID

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

FOR TONIC-CLONIC SEIZURE:

Protect student's head
Keep airway open/watch breathing
Turn student on side

EMERGENCY PROCEDURES

Students with epilepsy will typically experience seizures as a result of their medical condition.

Call 9-1-1 when:

- Convulsive (tonic-clonic) seizure lasts longer than five (5) minutes.
- Student has repeated seizures without regaining consciousness.
- Student is injured or has diabetes.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water
- ★ Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____

Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

★ This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (If Applicable) _____

Other: _____

This plan remains in effect for the 20__— 20__ school year without change and will be reviewed on or before: _____. (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year).

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Epilepsy Individual Care Plan: _____ (name)

Student Name and Grade	Known Epilepsy Seizure Triggers:
STUDENT PHOTO	<input type="checkbox"/> Stress <input type="checkbox"/> Diet Change <input type="checkbox"/> Illness <input type="checkbox"/> Weather Change <input type="checkbox"/> Menstrual Cycle <input type="checkbox"/> Lack of Sleep <input type="checkbox"/> Inactivity <input type="checkbox"/> Electronic Stimulation (TV, Video, Florescent Lights) <input type="checkbox"/> Medical Condition / Allergy <input type="checkbox"/> Other

Basic First Aid	Tonic Clonic Seizure (Convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.)
<ul style="list-style-type: none"> Stay calm and track time and duration of seizure. Keep student safe. Do not restrain or interfere with student's movements. Do not put anything in student's mouth. Stay with student until fully conscious. 	<ol style="list-style-type: none"> Time the seizure Protect from injury, quickly remove any hard objects that could cause injury. Protect the head as best you can - place something soft under the head. Do not attempt to restrain the person or to stop the jerking. Do not put anything in the mouth Gently roll the person onto one side as soon as it is practical to do so. This will Help keep the airway clear. Stay with the person until the seizure ends naturally. Calmly talk to the person until they regain consciousness. Let them know where they are, that they are safe and that you will stay with them while they recover.

Call an Ambulance (911)
<ul style="list-style-type: none"> If the seizure lasts more than 5 minutes or a second seizure quickly follows. If the student remains non-responsive for more than 5 minutes after the seizure stops. If the student is having a greater number of seizures than is usual for them. If the student is injured, goes blue in the face or has swallowed water. If the student is pregnant. If the student has diabetes. You know, or believe it to be, the student's first seizure. You feel uncomfortable dealing with the seizure.

Emergency Contacts (List in Priority)			
Name	Relationship	Daytime Phone	Alternative Phone