



## Information for Parents of Students Diagnosed with Epilepsy/Seizures

All students diagnosed with seizures/epilepsy are required to have the following form on file:

- Guerin Catholic High School Epilepsy/ Seizure Action Plan signed by a physician and parent/guardian**. Physician sections are highlighted in yellow and parent sections are purple. A new form is required at the beginning of each school year.

We recommend the following if your student is prescribed rescue medication:

1. If possible- discuss with your physician the possibility of a rescue medication that is administered *nasally*. There are generally pharmaceutical coupons on manufacturer's websites that make the cost of these medications equal to those that are administered rectally. Nasal administration is easier for non-medical staff that accompany students on field trips and retreats.
2. We recommend keeping one dose of emergency medication in our office and one with your student (on their person). If this is not possible, please consider the time your student will spend after school and in sports when deciding where to store an extra dose.

### **Medical Tags**

Medical bag tags are available in our office upon request. We highly recommend them if your student participates in sports or other extracurriculars and will keep their rescue medication with them.

★ Indiana requires these types of plans to ensure student safety. Failure to submit a plan puts your student at risk. If you are struggling with finances or need assistance in finding medical care, please contact us. Please feel free to reach out with any questions or concerns.

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Franciscan Health School Nurses

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# SEIZURE ACTION PLAN (SAP)

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

### How to respond to a seizure (check all that apply)

- First aid - **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Other \_\_\_\_\_

### First Aid for any seizure

- STAY** calm, keep calm, begin timing seizure
- Keep me **SAFE** - remove harmful objects, don't restrain, protect head
- SIDE** - turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens \_\_\_\_\_
- Other \_\_\_\_\_

### When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

### When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

### When rescue therapy may be needed:

#### When and What to do

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

Seizure Action Plan *continued*

## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is person able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_

\_\_\_\_\_

Emergency Department: \_\_\_\_\_

\_\_\_\_\_

## Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other information

Triggers: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

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

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS  RNS  DBS Date Implanted \_\_\_\_\_

Diet Therapy:  Ketogenic  Low Glycemic  Modified Atkins  Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Administer rescue medications as instructed above and on page 1.

**Permission to carry:**  **YES** If this box is checked, this student has been trained to use their rescue medication (s) listed and may carry on person for nurse/trained designee administration to treat seizures.  **NO** Student may not carry medication, it must remain in office.

\_\_\_\_\_  
Physician/Provider Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

**Guerin Catholic High School: Epilepsy/Seizure Action Plan page 3**

Nurse Fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

**Emergency Contact Name & phone 1** \_\_\_\_\_

**Emergency Contact Name & phone 2** \_\_\_\_\_

I give permission for the school nurse and any pertinent staff caring for my child to follow this plan, administer medication and care and contact the provider *if necessary*. I permit this form to be shared with school staff in instances where necessary to promote safety for my child. I assume full responsibility for providing the school with unexpired prescribed medication and delivering devices and medications to the nurse. If I fail to provide medication, I understand that there may not be rescue medication available for my child and I assume this risk.

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

**Sports and Extracurricular Plan for Students with Epilepsy/Seizures**

A Franciscan Health nurse is present in the building during school hours. The nurse or a trained designee will oversee student safety during school hours and on school sponsored retreats and trips that occur during school hours. In order to plan for your student's care *outside* of school hours when a school nurse is not available, please choose one of the following options:

Option 1: If checked, I as the parent guardian/of the student named on page 1, will be responsible for informing any adult/coach/athletic trainer that is responsible for my child at an extracurricular activity. I will inform the adult in writing and instruct them as needed in the care of my child during the sport/ extracurricular activity.

Option 2: If checked, I as the parent/guardian of the student named on page 1 will be responsible for informing the school nurse, by completing the extracurricular activity information form (available on the parent resource page) when my child is participating in extracurricular activities, sports, etc. When this option is checked, the school nurse will send a copy of the Extracurricular Activity form, health plan and any additional pertinent information to the adult listed as being in charge of the activity. Any additional instruction required will be the responsibility of the parent/guardian.

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**