

## Seizure – Grand Mal/Tonic Clonic Emergency Care Plan with Diastat Orders

Student's Name: \_\_\_\_\_ School Year: \_\_\_\_\_ School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Transportation:  Yes  No  Car  Bus #: \_\_\_\_\_  
 Medications Taken at Home: \_\_\_\_\_  
 Brief History: \_\_\_\_\_  
 Date last Diastat given: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**Check your child's type of seizure:**

Simple Partial  Complex Partial  Absence (Petit Mal)  Tonic Clonic (Grand Mal)  Other: \_\_\_\_\_

**Check any that apply:**

Aura (describe): \_\_\_\_\_  Triggers (list): \_\_\_\_\_  
 How long does it last? \_\_\_\_\_  Time of day? \_\_\_\_\_  How often do seizures occur? \_\_\_\_\_

**Describe a Typical Seizure:**

\_\_\_\_\_

\_\_\_\_\_

**Expected Behavior after seizure** (Check appropriate box for usual signs/symptoms for student)

Tiredness  Weakness  Sleeping, difficult to arouse  May be somewhat confused  Irregular breathing  
 Other: \_\_\_\_\_  
 Does the student need to go home after seizure?  Yes  No  
 Does the student need to leave the classroom after seizure?  Yes  No

<b>IF SEIZURE ACTIVITY IS OBSERVED ~ DO THE FOLLOWING:</b> (Adult stays with student at all times)	<b>CALL 911 FOR ANY OF THE FOLLOWING:</b>
1. Time Seizure Activity – Record on Seizure Log 2. Stay calm and ease student to floor to avoid a fall 3. Clear area around student, move hard objects and keep bystanders away 4. Support student on his left side to allow vomit/drool to drain 5. Loosen clothing around neck – place soft material under head - <u>Do not hold student down or put anything in the mouth</u> 6. <b>Give Diastat if ordered – see orders below</b> - For Diastat administration or for loss of bowel/bladder cover with <u>blanket for privacy</u> 7. CALL THE NURSE, PARENT AND ADMINISTRATOR	<ul style="list-style-type: none"> <li>Diastat is given</li> <li>Seizure lasts &gt; 5 minutes</li> <li>Stops breathing               <ul style="list-style-type: none"> <li>START RESCUE BREATHING/CPR</li> </ul> </li> <li>Bluish color to lips AFTER seizure ends</li> <li>If consciousness is not regained after seizure</li> </ul> <p style="text-align: center; margin-top: 10px;"><b>(DIASTAT MUST BE GIVEN BY A TRAINED PROFESSIONAL OR VOLUNTEER STAFF MEMBER)</b></p>

**HEALTH CARE PROVIDER PLEASE COMPLETE AND SIGN**

- DIASTAT ORDER (Diazepam rectal gel)** \_\_\_\_\_ **mg rectally prn for:**  
 Convulsive seizure > \_\_\_\_\_ minutes    OR     Multiple seizures within \_\_\_\_\_ minutes
- Diastat to be given for:**  
 Tonic Clonic – Only     Any combination/types of seizures > \_\_\_\_\_ minutes.     Other: \_\_\_\_\_
- Give repeat dose if student has bowel movement or expels medication**  Yes  No
- Interval of time - ok to give Diastat if given at home before school:**  
 At next seizure regardless of time     After 4 hours from home dose     Other: \_\_\_\_\_
- List post seizure care and criteria for return to classroom:** \_\_\_\_\_

Health Care Provider Information	
Name (Print): _____	
Address: _____	
Phone #: _____	Fax #: _____
Physician's Signature: _____	Date: _____

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### PARENT/GUARDIAN SECTION

#### EMERGENCY CONTACTS

##### Mother/Guardian

##### Father/Guardian

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

#### ADDITIONAL EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:

- I request this medication to be given as ordered by the licensed health professional (i.e.: doctor).
- I give Health Services Staff permission to communicate with the medical office about this medication.
- I understand that DIASTAT rectal medication may be given by a licensed nurse or a trained non-licensed school staff member.
- Medical information may be shared with school staff working with your child and 911 staff, if they are called.
- All medication supplied must come in its originally provided container with instructions as noted above by the licensed health professional.
- A new Emergency Care Plan (ECP) for Seizures must be submitted each calendar year.
- I understand that if any changes are needed on the ECP, it is the parent’s responsibility to contact the District Nurse.
- I will contact the school if my child has been given Diastat within 4 hours of school attendance.
- It is the parent’s responsibility to alert all other school programs of their child’s health condition. Such as sports/field trips, Extended Day Program/After school clubs, etc.
- *My signature below shows I have reviewed and agree with this Emergency Care Plan.*

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
District Nurse Signature Date

\_\_\_\_\_  
Principal Signature Date

#### NOTICE TO STAFF

- **Emergency Care Plan and Medication (if prescribed) must accompany student on any field trip or school activity**
- **Attention Bus Drivers: To Activate Emergency Procedures-Pull Over, Call Dispatch to Call 911 and administer Diastat, if ordered and available. Only trained volunteer staff may administer Diastat.**

\*\* *Keep plan readily available for Substitute.* \*\*