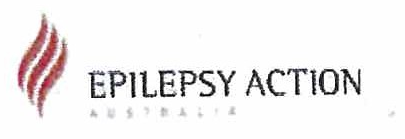
INSERT SCHOOL NAME HERE

 **SEIZURE MANAGEMENT PLAN**

**Date:**

Insert Student

Picture Here

**Name:**

**DOB:**

|  |  |  |
| --- | --- | --- |
| **Emergency Contacts** | | |
| **Relationship** | **Name** | **Phone Numbers** |
| Father |  |  |
| Mother |  |  |
| Specialist |  |  |

**History/Background:** At nine months old student was diagnosed with Glut 1 – DS. Had uncontrollable seizures and now on the Ketogenic diet. Seizures can happen at various times and last from 10 seconds – 3 minutes. Parents state that she is **NOT TO HAVE MIDAZALOM. NO SUGAR** in medication as she is on ketogenic diet.

**Triggers and management:** Pain – parents give medication – as per doctor’s order menstrual cycle – be aware seizures are more likely to happen.

**Playground:** Always with staff who have a whistle and will alert other staff. They will follow instructions as per classroom.

**Transport:** Transport by parents or via disabled taxi and attended by an escort. If seizure occurs the taxi is to stop and call for an ambulance. Student is to be seated in the rear seat in the left hand side of the car and the escort sitting next to her. Call parents ASAP.

**Recovery:**  May need to sleep. Will be collected by parents if medication given for seizure.

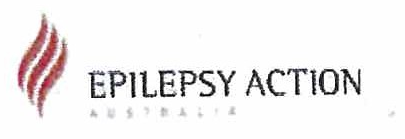
**Special Considerations: DO NOT GIVE SUGAR** or medication with sugar in them. Allergic to various drugs. She will have a severe seizure is she takes **ANY** sugar. **Call ambulance then parents as soon as you notice any intake of sugar.**

Insert Student

Picture Here

**Name:**

**DOB:**



**SEIZURE FIRST AID**

**Seizure Management Plan**

**Date Of Plan**

**Seizure Description**

Will stop what she is doing, stare and not respond.

May not respond.

Will go pale.

May start jerking.

May froth at the mouth.

Eyes may twitch.

May change colour and go grey/blue around lips and fingers.

**Seizure Response – never give more than one dose of Valium**

Time the seizure, stay with the sudent, protect her from harm, especially her head, and reassure her.

If in classroom ‘page all’ for assistance and contact parents.

If in playground blow whistle to get assistance.

If seizure stops between 1 and 3 minutes administer oral medication as per doctor’s instructions

making sure she is alert and can swallow tablet (brush tablet and mix with water via syringe). She can stay in her chair during the seizure and can be taken out after she is given oral medication, place on her side and observe breathing – ensure her airway is clear. Call parents who will collect her.

If sitting out of wheelchair, place her in the recovery position.

Do not restrain her or put anything into her mouth.

If seizure is more than 3 minutes administer medication as per doctor’s instructions and call

ambulance. If she is not eating or hasn’t vomited, take her out of her chair, turn her on her side, administer rectal medication, ensure her airway is clear.

If seizure occurs during eating, leave her sitting until you have to give rectal medication. Remove her from her chair, administer rectal medication then let her sit (for example on a beanbag) turning her to the side in a sitting position ensuring her airway is clear (parents find this position is best for her as she is likely to vomit if eating and requires rectal medication).

Call ambulance 000 if rectal medication is given.

Call parents – Father’s contact details or Mother’s contact details

Plan prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in consultation with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date:

NOTE: Information can only be viewed as accurate at the time of development. If situation changes a new seizure management plan is highly recommended.

Insert School emblem

**\_\_\_\_\_\_\_\_\_ SCHOOL SEIZURE RECORD CHART**

**20\_ \_**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE OF SEIZURE** | **TIME** | **DURATION** | **DESCRIPTION** |
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