



# Plan of Care for Seizures

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

AYS Program: \_\_\_\_\_ School Year: \_\_\_\_\_

Physician child sees for seizures:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
(Physician's Phone Number)

### Medications your child uses for prevention of his/her seizures:

Name of Medication(s)	Dosage	Time(s) of day given

Would medication(s) need to be given during normal program hours? .....  YES  NO

Would medication(s) need to be given during non-school days? .....  YES  NO

If yes to either question, an AYS Medication Consent form, completed by your child's doctor is required.

Have you returned this form to the AYS director? .....  YES  NO

Allergies: List any allergies i.e. foods, medications, the environment, etc. \_\_\_\_\_

### Seizure History:

How old was your child when seizures started: \_\_\_\_\_

How often do seizures occur: \_\_\_\_\_

Identify anything that initiates a seizure: \_\_\_\_\_

Aura present prior to seizure  YES  NO

If yes, please describe (Visual, auditory, olfactory)

Type of seizure activity your child has experienced include:

Complex Partial Seizure  YES  NO

Length of seizure (usually less than 30 seconds):

Blank stare       Chewing       Mumbling       Unaware of surroundings

Unresponsive       Clumsy actions, may run, appear afraid       Post-seizure confusion

Other \_\_\_\_\_

Petit Mal Seizure       YES  NO      Length of seizure: \_\_\_\_\_

Blank stare       Blinking       Chewing       Unresponsive

Other \_\_\_\_\_

## Plan of Care Seizures

*Grand Mal Seizure*

YES  NO

Length of seizure: \_\_\_\_\_

Sudden cry

Fall

Shallow breathing

Rigidity followed by muscle jerks

Bluish skin

Loss of consciousness

Loss of bowel or bladder control

Post seizure confusion or fatigue  Other \_\_\_\_\_

### Activity Restrictions

Please address playground and sports activities: \_\_\_\_\_

### Safety Precautions

Please address any protective devices (such as a helmet) that your child must wear and the related activity

The usual procedure at AYS for a child having a seizure:

*Complex Partial Seizures and Petit Mal Seizures*

- Speak calmly and reassuringly to the child
- Gently guide away from hazards
- Stay with the child until completely aware of surroundings
- Monitor ABCs
- Notify parent/guardian
- If this is the first observation of a seizure, recommend evaluation by primary health provider

*Grand Mal Seizures*

- Protect from nearby hazards
- Loosen restrictive clothing
- Protect head from injury
- Turn on side to keep airway clear after the seizure
- Monitor ABCs
- Notify parent/guardian
- If any of the following occur, Emergency Medical Services is requested:
  1. Seizure lasts more than 5 minutes
  2. Seizure occurs in the water
  3. If the child does not regain consciousness after seizure
  4. If the child has diabetes

**Review of above information and signatures for the \_\_\_\_\_ school year in AYS (1st year):**

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

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Review of above information and signatures for the \_\_\_\_\_ school year in AYS (2nd year):**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date