

Cc:
 Teacher(s)
 PE Teacher
Office use only

DOWNEY UNIFIED SCHOOL DISTRICT
Seizure Care Plan
with or without VNS

SCHOOL YEAR: _____ SCHOOL: _____

Child's Name: _____ Student ID or D.O.B. _____ Grade: _____

Emergency Information:

Emergency contact: _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Physician's name: _____ Physician's Number _____

Seizure Information

Seizure Description

Type: _____

Duration of Seizure: _____ Minutes _____ Seconds Date of Last Seizure _____

Usual Frequency: _____ Anytime _____ Morning _____ Afternoon _____ Night _____ While Asleep

Other: _____ Predictable Frequency? (Yes / No)

The Following Seem to Trigger Seizures:

_____ Illness _____ Light _____ Missed Medication _____ Lack of sleep _____ Change in Diet _____ Stress

Other: _____

My Child has an Aura (warning) beforehand: _____ Always _____ Usually _____ Sometimes _____ Never

My Child's Aura Before a Seizure is _____

My Child's Seizures Look Like: _____

Parent/Guardian Signature Date

Physician Signature & Stamp Date

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First Aid for Student Experiencing a Seizure

Signs of a Seizure Emergency:

- Seizures that lasts longer than 5 minutes.
- Failure to breathe or lack of a pulse following seizure activity.
- Seizures that recur within a short period of time.
- Major injuries that may have occurred as a result of seizure activity (severe cuts, head injuries, fractures needing immediate attention, etc.).
- Failure to regain consciousness following seizure activity.

Steps to Take in the Event of a Seizure Emergency:

- Follow first aid procedures listed below.
- Notify your school nurse at once.
- Call 911 if seizure lasts longer than 5 minutes.
- Call parent/guardian or physician for additional direction.
- Provide CPR if indicated.
- Record each incident on Daily Log of Treatment Administered at School.

First Aid for Students experiencing a Seizure:

1. Assist the student gently to the floor.
2. Clear area of any objects that can harm the student.
3. Do not hold or restrain student or place anything in the student's mouth.
4. Cushion the student's head (if possible) with a pillow, blanket, etc.
5. Place the student on his/her side after seizure activity subsides. This act will help prevent choking.
6. Call the office. The office staff will notify the school nurse and the parents of the student. The office will call 911 if the seizure lasts for more than 5 minutes, or if the student is injured.
7. Have a staff member accompany the student to the office.

*******For the student with a Vagal Nerve Stimulator*******
Follow instructions on page 2 regarding proper use of VNS MAGNET