



## Emergency Care Plan - PARTIAL SEIZURES

Student Name: Student Name	DOB: Student Date of Birth	School: Student School Name	Grade: Student Grade	<b>No Image Available</b>
Parent/Guardian: Guardian(s) Primary		Phone: Guardian Primary Phone	Second Phone: Guardian Primary Cell Phone	
Parent/Guardian: Guardian(s) Secondary		Phone: Guardian Secondary Phone	Second Phone: Guardian Secondary Cell Phone	
Emergency Contact: Emer Contact 1 Name		Phone: Emer Contact 1 Primary Phone	Second Phone: Emer Contact 1 Second Phone	
Healthcare Provider:		Phone:	Medication(s):	
Triggers:				

### Types of Seizures: (Please indicate student's history by marking symptoms he/she has experienced)

<u>Simple Partial Seizure</u>	<u>Complex Partial Seizure</u>
<input type="checkbox"/> No loss of consciousness, remembers incident <input type="checkbox"/> Uncontrolled movement in any part of the body <input type="checkbox"/> Eyes move from side to side <input type="checkbox"/> Unusual movement of the tongue <input type="checkbox"/> Twitching of the face <input type="checkbox"/> Emotional changes: Fear, anger, joy, happiness <input type="checkbox"/> Sensations: feeling on skin, visual changes, hearing ringing or voices	<input type="checkbox"/> Affects consciousness <input type="checkbox"/> Cannot communicate <input type="checkbox"/> Does not remember incident <input type="checkbox"/> Chewing movements <input type="checkbox"/> Picking at clothing <input type="checkbox"/> Repetitive, simple, unorganized movements <input type="checkbox"/> Wandering

### EMERGENCY INTERVENTION

Simple Partial Seizure	Complex Partial Seizure
Provide for safety Do not restrain student Stay with student Note seizure on seizure log Notify parent/guardian Additional treatment:	Do not restrain student Remove dangerous objects from student's path Calmly direct the student to sit or to move away from potential danger Observe, but do not approach a student who appears angry or combative Stay with student until he/she is fully alert Note seizure on esizure log Notify parent/guardian Additional treatment:
Parent/Guardian Signature (not required): _____	Date: _____
School Nurse: IHP Written By _____	Date: Today