



WARRIOR RUN SCHOOL DISTRICT

Dr. Alan J. Hack, Superintendent
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5138

Dear Parent (s) / Guardian (s):

Enclosed is a School Convulsion/Seizure Management Plan. Please take a few minutes to complete this important form. This plan is to ensure your child receives the best care possible while he/she is in school.

A parent's input on their child's health is important. Please return the attached form to the school nurse as soon as possible. Thank you for your time and assistance.

Sincerely,

Health Room Nurses

Elementary School
301 Pine Street
Turbotville, PA 17772
570-649-5164

Middle School
4860 Susquehanna Trail
Turbotville, PA 17772
570-649-5135

High School
4800 Susquehanna Trail
Turbotville, PA 17772
570-649-5166



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SEIZURE HEALTH CARE PLAN

Student Name _____ Grade _____ Bus# _____
Parent/Guardian _____ Phone # _____

EMERGENCY PLAN FOR SEIZURES

During seizure activity:

1. Stay with the child.
 - a. If falling or generalized jerking occurs, place child on the floor.
 - b. Gently support head.
 - c. DO NOT restrain child.
 - d. DO NOT try to place anything in the child's mouth or between the child teeth.
 - e. Protect the child by moving items away that may cause injury-ex: desks and chairs.
 - f. Loosen clothing at neck and waist; remove eyeglasses (if applicable).
2. Have another classroom adult remove/direct students from the area.
3. Use a watch to TIME THE SEIZURE, observe pattern of the seizure and document it.
4. Administer _____ - _____ mg for seizures over _____ minutes.
5. CALL 9-1-1 IF CHILD EXHIBITS:
 - a. Absence of breathing and/or pulse (Start CPR for absence of breathing/pulse).
 - b. Seizure of 5 minutes or greater in duration.
 - c. Two or more consecutive (without a period of consciousness between) seizures which total 10 minutes or greater.
 - d. No previous history of seizure activity.
 - e. Continued unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.

After seizure activity:

1. Reorient and assure child.
 - a. Allow/assist change into clean clothing if necessary.
 - b. Allow child to sleep, as desired, after a seizure.
 - c. Allow child to eat, as desired, once fully alert and oriented.
 2. A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion.
 3. Inform parent immediately of seizure by telephone and advise physician advice if:
 - a. Seizure is different from usual type/frequency/has not occurred at school in the past month.
 - b. Seizure meets criteria for 9-1-1 emergency call.
 - c. Child has not returned to "normal self" after 30-60 minutes.
 4. Medications at home: _____
 5. Medications to be given at school: _____
Dose: _____ Time: _____
- Additional Comments: _____

* This information may be shared with school staff and bus driver(s).

Physician's signature _____ Date _____ Parent's signature _____

It is the parent's responsibility to seek follow up care for symptoms.

****Reference Management of seizures – Pediatric Neurology Clinic – Geisinger Medical Center**

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