

Medical Management Plan of Care for Seizure Disorders
Green River District School Health Program

Student: _____ Date of Birth: _____

Date: _____

School: _____

Physician(s): _____

Procedure Steps

1. It is the responsibility of the parent/guardian to provide Diastat at no cost to the school health program.
2. Description and Signs of Seizures

Seizures are abnormal electrical activity in the brain characterized by involuntary motor activity or change of conscious.

Physical characteristics:

Absence (petit mal) – Blank staring, possible chewing or blinking motion, usually last 1-10 seconds. May be confused with daydreaming, lack of attention or ADD.

Atonic (drop attacks) – Sudden collapse with recovery within a minute.

Complex Partial (psychomotor/temporal lobe) – Altered awareness, blank stare/dazed look, automatisms (picking at clothes, lip smacking, chewing), nonsensical speech or lip smacking, clumsy or disoriented movements, aimless walking, picking things up. Often lasts 1-3 minutes followed by tiredness, headache, or nausea. May be confused with drunkenness or drug abuse or aggressive behavior.

Simple Partial – Consciousness is not impaired. Involuntary movements (isolated twitching of arms, face, legs), sensory symptoms (tingling, weakness, sounds, smells, tastes, visual distortions), psychic symptoms (déjà vu, hallucinations, fear, anxiety, “ a feeling they can’t explain “). Duration usually less than 1 minutes. May be confused with, acting out, mystical experience, mental illness, psychosomatic illness.

Myoclonic (rapid, brief muscle jerks) – Sudden, brief, massive jerks involving all or part of the body. Sub-clinical seizures. Usually happens when the brain is going from wake to sleep.

Generalized Tonic-Clonic (Grand Mal) – A sudden hoarse cry, a fall, convulsions (tensing and releasing), shallow breathing and drooling may occur, possible loss of bowel or bladder control, occasionally skin may turn blue. Lasts 2-3 minutes and is usually followed by confusion, headache, tiredness, soreness, speech difficulty.

Management

1. Keep calm.
2. Clear the area around student of anything that could do harm.
3. Ease the student to the floor for the administration of emergency medication if prescribed.
4. Put something flat and soft under the head so it will not bang against the floor as the body jerks.
5. Do not stimulate by rubbing chest, face, or arms or loosening clothing.
6. Do not try to force mouth open in tonic phase.
7. Do not move student during tonic phase or early part of clonic phase.
8. Do not insert any padded object into the mouth.
9. If student is on the floor, position on side with mouth toward floor so oral secretions or vomitus flow out.
10. Loosen tight clothing around neck after tonic and early clonic phase.
11. Time the seizure and record description as objectively as possible.
12. Generalized tonic-clonic seizures lasting more than 5 minutes require emergency medical services/transport unless otherwise instructed by physician.

Will Diastat be administered? (circle one) Yes No

If yes, describe circumstance: _____

Guidelines for Administering Diastat

1. Put person on their side where they can't fall.
2. Get the medicine (Diastat). Have someone stay with the person having the seizure.
3. Remove the protective cover over the syringe. Push up with thumb and pull to remove protective cover from syringe.

4. Lubricate rectal tip with lubricating jelly.
5. Turn person on side facing you.
6. Bend upper leg forward to expose rectum.
7. Separate buttocks to expose rectum.
8. Gently insert syringe tip into rectum.
9. Slowly count to 3 while gently pushing plunger in until it stops. (It will make a clicking sound.)
10. Slowly count to 3 before removing syringe from rectum.
11. Slowly count to 2 while holding buttocks together to prevent leaking.
12. Keep person on side facing you. Note time given and continue to observe.

Special considerations: _____

CONTACT INFORMATION

Parent/guardian _____

Telephone: Home _____ Work _____ Cell _____

Name _____

Telephone: Home _____ Work _____ Cell _____

Signature

This health care plan has been reviewed by:

Physician Date

Student's parent/guardian Date

Acknowledged and reviewed by:

School Health Personnel Date