

## STUDENTS

### Management of Epileptic Seizures in the School Setting

- I. A seizure disorder or epilepsy is a chronic condition that is characterized by recurrent seizures. Acute prolonged seizures or multiple seizures in succession are harmful to a student's health.
- II. To properly care for a student diagnosed with a seizure disorder in the school setting the following must occur:
  - A. A Seizure Plan of Care must be completed yearly by a licensed physician or licensed nurse practitioner for each student with a diagnosed seizure disorder (see Attachment I).
  - B. Attachment I must be returned to the school and a copy attached to the student's Emergency Card.
  - C. At least three staff members shall be trained on the specifics of the student's Seizure Plan of Care.
  - D. A Prescribed Medication Authorization form must be completed by the physician and parent prior to staff administering medications. See Regulation 757-4, Administering Medication, Attachment I, Sections A and B). Treatment of seizures may require use of oral or rectal medications, vagal nerve stimulation, or a ventricular shunt. (See Attachment II.)
  - E. Students identified with a seizure disorder or epilepsy will not require a health treatment procedure or emergency plan as described in Regulation 757-3, Guidelines for School Staff to Carry Out Health Treatment Procedure and/or Emergency Treatment Procedures in the School Setting.

Prior to any PWCS personnel administering any medications they must complete the **required** Medication Administration course, taught by school nurse instructors. See Regulation 757-4, Administering Medication.

The principal and the Director of the Office of Student Services are responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2010.

Reference VDOH/VDOE Guidelines for Specialized Health Care Procedures 2004

\_\_\_\_\_  
Signature of Approval of Supervisor of School Health Services

\_\_\_\_\_  
Date

**SEIZURE PLAN OF CARE**  
(Provide details in lay language without abbreviations.)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
School: \_\_\_\_\_ School Year: \_\_\_\_\_  
Date of Authorization: \_\_\_\_\_ Duration: \_\_\_\_\_

**Seizure Checklist:**

1. Stay with the child.
2. Ensure safety for the child, placing on floor away from desk and furniture; protect head and airway; do not restrain or put anything in their mouth.
3. Call for assistance, including rescue squad if necessary.
4. Observe for breathing and color.
5. Time the seizure.
6. As seizure ends, help reorient the child to surroundings.
7. Call parent.

Intervention for seizures: \_\_\_\_\_

History of seizures: \_\_\_\_\_

Describe seizures: \_\_\_\_\_

Date(s) of last seizure: \_\_\_\_\_

Current Medications: Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Physician's Phone \_\_\_\_\_ Office Address \_\_\_\_\_

I agree to the implementation of the above Seizure Treatment Plan

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

\_\_\_\_\_  
Date

The following signatures of school staff indicate receipt of training regarding this student's Health Treatment Plan:

Printed Name	Signature	Trainer Signature	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

A. Procedure for Administering Rectal Diazepam (Diastat)

Note: Equipment, supplies, and medications provided by parents.

1. Review student's completed Seizure Care Plan (Attachment I)
2. Verify the medication order (Regulation Form 757-4, Attachment I)
3. Obtain assistance of another adult, if possible
4. Assure privacy of student
5. Prepare and administer premeasured rectal medication
6. Keep student on their side facing you, administer medication, and note the time the medication was given
7. Call 911 and activate the emergency plan (911 must be called whenever rectal diazepam is given by school personnel)
8. Observe/monitor student until rescue squad arrives
9. Document the administration of diazepam, student's response, and implementation of the emergency plan

B. Procedure for Activating Vagal Nerve Stimulation (VNS)

(Note: Equipment and supplies provided by parents.)

VNS consist of a pulse generator which is battery operated and implanted under the skin of the chest. Programming of the generator is accomplished with a wand attached to a computer. A strong magnet can also be used to activate the VNS on demand if a student senses that a seizure is about to occur or has just started.

Review student's specific plan regarding their VNS and follow as directed.

C. Procedure for Monitoring Ventricular Shunt

A ventricular shunt is surgically placed to drain the excess fluid from the ventricles in the brain into another part of the body.

1. Document weekly observations of student, behavior, level of activity, coordination, and response to and awareness of their environment (knowledge of usual behavior can help discriminate between usual and unusual behavior of that child).
2. Obtain baseline measurements of student's vital signs, to include temperature, pulse, respirations, and blood pressure.
3. Document any signs of shunt malfunction or infection (nausea, vomiting, headache, lethargy, fever, and feeding problems) in the student's health record. Alert school nurse and family of any changes or concerns.