



## Individual Seizure Management Care Plan

<b>Students Name</b>		<b>Date of Birth</b>	
<b>Parent/Guardian Name</b>		<b>Mobile Number</b>	<b>Relationship</b>
<b>Parent/Guardian Name</b>		<b>Mobile Number</b>	<b>Relationship</b>
<b>Emergency Contact</b>		<b>Mobile Number</b>	<b>Relationship</b>
<b>Medical Contact Name</b>		<b>Telephone</b>	<b>Facility</b>
<b>Age diagnosed</b>		<b>Permission to discuss with education staff</b>	Yes / No
<b>Description of seizure:</b> (type, frequency, triggers and warning signs)			
Does _____ understand?			
<b>Anti-seizure treatments and emergency medication:</b>			
<b>What constitutes an emergency?</b> (agreed protocol for when to call 999)			
<b>Daily care needs:</b> (educational activities, computer use, sport restrictions, break time arrangements, psychological impact)			
<b>Educational staff training requirements:</b>			
<b>School held medication/information</b> ( <i>please attach doctor's prescription and medical report</i> ) Parents need to provide prescribed medication to the school clinic. No student should be carrying medication without the prior knowledge of the school nurse. Any emergency medication required will be stored in the school clinic in an accessible place to be used in emergencies only. It is the parents' responsibility to update the school nurse with any medical details and healthcare requirements during the school year.			
Should _____ suffer a seizure with no school nurse present, I give permission for any of the adults working with them to administer the prescribed emergency medication if necessary. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse prior to any trip/activities. I agree that the school and its employees shall not be liable for any claims that I may have arising from the administration of this medicine to my child at school or on trips/activities.			
<b>Parent's Full Name</b> (please print)		<b>Parent's Signature</b>	<b>Date</b>
<b>Nurse's Full Name</b> (please print)		<b>Nurse's Signature</b>	<b>Date</b>



## Emergency Action



### Do

- Note time of seizure
- Inform school nurse/first aider
- Calmly clear area of pupils
- Move items away from pupil if lying on floor and having a seizure
- If able, place something soft under head to prevent injury
- If vomits, turn onto side and wipe excess saliva from mouth
- If loss of bladder/bowel control, cover to maintain dignity
- Put into recovery position when seizure stops
- Notify parent/carer
- Stay with person until recovery is complete
- Keep calm and reassure the person
- Explain anything they have missed
- **Call 999 if emergency situation** (as outlined by parents)

### Don't

- Restrain the person
- Give the person anything to eat or drink until fully recovered
- Attempt to bring them round
- Put anything in the pupil's mouth
- Try to move the pupil unless they are in danger



### Administration of prescribed emergency medication (Diazepam RecTubes)

**\*please note this is a controlled drug within the UAE and should not be carried without a UAE approved prescription**

- **Administer if seizure lasts longer than \_\_\_\_\_ minutes as prescribed and directed by physician**
- Put on protective gloves
- If possible roll child onto their front
- Tear open the foil pack
- Remove the tube cap
- Insert the nozzle completely into the rectum, pointing it downwards
- NOTE: In children under 15kgs, insert the nozzle only halfway
- Empty the tube by pressing firmly between the thumb and index finger
- Keep the tube completely pressed together until you have withdrawn it out of the rectum
- Maintain the patient's position and hold the buttocks together for a few minutes to prevent seepage
- Note time of administration of Diazepam RecTubes

### **Additional Information:**