

**FAUQUIER COUNTY PUBLIC SCHOOLS
PHYSICIAN ORDER/CARE PLAN FOR SEIZURES**

STUDENT'S NAME: _____
 School: _____ Grade: _____ Date of Birth: _____
 Homeroom Teacher: _____ Room #: _____
 Gender: Male: _____ Female: _____ Transportation: Walker _____ Car _____ Bus# _____

PHYSICIAN SECTION

List measures school personnel are to take when a seizure occurs at school:

Limitations: _____

Emergency Medical Services should be called when: _____

Additional Comments: _____

Medications to be given at school:

Name of Medication	Dose/Route	Time	Possible Side Effects

Physician Name Printed _____ Phone Number _____

Physician Signature _____ Fax Number _____

Date _____

PARENT/GUARDIAN SECTION

Student: _____ Homeroom Teacher: _____ Grade: _____

Age: _____ School: _____

Parent/Guardian Name: _____ Home Phone: _____

Mother's Work #: _____ Cell #: _____ Pager #: _____

Father Work #: _____ Cell #: _____ Pager #: _____

Type of Seizure: _____ Frequency: _____

Age seizures started: _____ Date of last seizure: _____

Describe what your child's seizure looks like: _____

Is there an aura? _____ If yes, describe _____

List medications currently being taken and possible side effects:

1. _____
2. _____
3. _____

Parent's signature gives permission for principal's designee to administer prescribed medicine and gives principal's designee permission to contact physician if necessary.

Parent/Guardian Signature _____ Date _____

SEIZURE IDENTIFICATION CHART

For all seizures: Stay calm and note length and description of seizure.

Type	What Seizures Look Like	Do's	Don'ts
Generalized Tonic Clonic (Grand Mal)	+ Aura-feeling that seizure is about to begin	+ Stay calm and guide to floor	+ Never put anything in mouth
	+ Fall to ground with loss of consciousness	+ Protect head from injury	
	+ Tonic phase-stiffening of body and limbs	+ Place student on side to keep airway open	
	+ Clonic phase-jerking of body and limbs	+ Loosen collar and clothing	
	+ May have shallow breathing and skin may be slightly blue	+ Clear the area	
	+ Usually lasts 1-2 minutes	+ Call nurse or health aide	
	+ After seizure, student may be tired, confused and may need to rest	+ Follow physician's instructions on reverse side of this page	
	+ Looks like blank stare/daydreaming or not paying attention	+ Stay with the student until seizure is over; reassure him/her	
	+ Blinking, eye rolling, or chewing	+ Inform family	
	+ Lasts only few seconds and student is unaware	+ No first aid is needed	
Absence (Petite Mal)	+ Blank stare, disoriented, confused	+ If number and frequency increase, parent should notify physician	
	+ Repetitive movements such as chewing, lip smacking, picking at clothes	+ Inform family	
	+ May wander and will not respond		
	+ Lasts several seconds to a few minutes		
	+ No memory of the event		
	+ Seizure may be confused with drugs or alcohol use, mental illness, or misbehavior		
Complex Partial (Psychomotor, Temporal Lobe)	+ Sudden jerks that can't be stopped in one part of body, may not lose consciousness	+ Speak calmly and reassure student	+ Do not restrain + Do not shout or expect verbal instructions to be followed
	+ Sudden loss of consciousness and falling	+ Guide away from dangerous objects	
	+ Local jerks, a local sensation	+ Stay with person until responsive again	
	+ Cluster of quick sudden jerks	+ Call nurse or health aide and follow physician instructions on reverse side of page	
		+ May need to rest for short time	
		+ Inform family	
Other Seizure Types Simple Partial			
	Atonic		
	Myoclonic		
Infantile Spasms			

Refer to Physician Section on reverse side for specific action for this student.