

**TRIMBLE CO. SCHOOLS
LIFE-THREATENING
EMERGENCY ACTION PLAN**

School Year: _____

INDIVIDUAL HEALTH CARE PLAN – DIASTAT

Dear Parent/Guardian:

You have informed us that your child has a medical condition that may require an emergency medication to be administered. Enclosed are the forms, which need to be completed by both the Parent/Guardian and student's Physician. These forms are necessary in order for the School Nurse or appropriately trained school personnel to perform or administer specific medical treatment or procedures.

This information will be distributed to appropriate school personnel on a need-to-know basis and may include bus drivers, substitute teachers, cafeteria staff, and others who work with your child daily.

Please let us know of any changes in your child's medical condition as they may arise or emergency daytime phone numbers.

The following need to be returned to the School Nurse at your child's school:

- **Emergency Action Plan Student Info. Summary (Page 2)**
- **Physician and Parent Authorization for Diastat Medication Administration (Page 3) –** needs to be completed by the student's Physician and returned to School Health: Confidential FAX (502) 255-5105 or by mail: Trimble Co. Board of Education, School Health Division, PO Box 275, Bedford, KY 40006

We are looking forward to a great school year with your child!

Please call the District Health Coordinator, Gina Liter at (502) 663-0073 if you have any questions or concerns.

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School Year: _____

Student's Name: _____

DOB: ____ / ____ / ____

School: _____

Teacher: _____

Grade: _____

Bus Rider: Yes No Bus #: AM _____ PM _____

Parent/Guardian(s) Name(s): _____

Address/Zip Code: _____

Doctor: _____ Phone #: _____ Hospital of Choice: _____

Parent/Guardian 1: – Home: _____ Work: _____ Cell: _____

Parent/Guardian 2: – Home: _____ Work: _____ Cell: _____

Please answer the following questions:

1. What type of seizures (what are they called) does your child experience?

2. What happens when your child has a seizure?

3. How often do seizures occur?

4. How long do the seizures usually last?

5. Is there any other information that is important for school personnel to know?

REVIEWED BY: _____ **RN** **DATE:** _____

PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION FOR DIASTAT MEDICATION ADMINISTRATION

PHYSICIAN ORDER FOR EMERGENCY ACTION PLAN

(Please complete the following information or See Attached Plan from Physician)

DATE OF LAST SEIZURE: _____

SEIZURE TRIGGERS OR WARNING SIGNS: _____

STUDENT'S REACTION TO SEIZURE: _____

ACTION TO BE TAKEN: 1. Keep the student safe by helping them lie on their side in a safe environment and cushion the head 2. Note the time the seizure began and stay with the student at all times. 3. Do not restrain or put anything in the student's mouth. 4. Prepare to administer emergency med as ordered.

5. Administer _____ mg of Rectal Diastat AFTER _____ minutes of Seizure Activity

6. Call Rescue Squad (911) if Diastat is used. 7. Notify Parent/Guardian

Student is authorized to carry Diastat: Yes No

Other medications required at school: _____

Medication/Dose/Route

X _____
(Physician's Signature)

Date Signed

(Physician's Name – Printed)

Telephone Number

***PLEASE NOTE: The School Nurse is NOT always in the school building and trains non-medical staff to administer medication. See below.**

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of _____ **request that a *trained staff member administer** the above medication to the student per Physician instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes. I understand the Trimble County Board of Education Medication Policies & Procedures (09.2241) are readily available for me to read. I sign this voluntarily and with full knowledge of its significance. I agree to pick up any unused medication within two weeks of the last day of school, or it shall be destroyed. *** Parent/Student are responsible to have medication available at school.**

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment. I have read this consent and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

X _____
(Parent/Guardian's Signature)

Date Signed

REVIEWED BY: _____ **RN** **DATE:** _____

Basic Seizure Information First Aid

Seizure signs and symptoms may include:

- Temporary confusion
- A staring spell
- Uncontrollable jerking movements of the arms and legs
- Loss of consciousness or awareness
- Psychic symptoms

When providing seizure first aid for generalized tonic clonic (gran mal) seizures, these are the key things to remember:

- Keep calm and reassure other students who may be nearby.
- Do not hold the person down or try to stop his movements. Loosen tight clothing (around the neck).
- Observe and time the seizure with your watch.
- Clear the area around the person of anything hard or sharp (protect the student's head and remove eyeglasses).
- Do not try to force the mouth open with any hard implement or with fingers. A person having a seizure cannot swallow his tongue. Efforts to hold the tongue down can injure the teeth or jaw.
- Turn him or her gently on one side. This will help keep the airway clear.
- Stay with the person until the seizure ends naturally.
- After the event, reorient the student to the surroundings and provide a comfortable, safe and supervised place to rest, if needed.
- Be friendly and reassuring as consciousness returns.
- Notify the parents or other person responsible at the time of the seizure.

A Seizure is considered an EMERGENCY when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness (another seizure after the first)
- Student is injured or has diabetes
- Student has a first time seizure
- Student has breathing difficulties

The Two Types of Seizures:

1. **Generalized seizures** affect both sides of the brain.
 - **Absence seizures**, sometimes called petit mal seizures, can cause rapid blinking or a few seconds of staring into space.
 - **Tonic-clonic seizures**, also called grand mal seizures, can make a person:
 - Cry out
 - Lose consciousness
 - Fall to the ground

- Have muscle jerks or spasms.

The person may feel tired after a tonic-clonic seizure.

2. **Focal seizures** are located in just one area of the brain. These seizures are also called partial seizures.
 - **Simple focal seizures** affect a small part of the brain. These seizures can cause twitching or a change in sensation, such as a strange taste or smell.
 - **Complex focal seizures** can make a person with epilepsy confused or dazed. The person will be unable to respond to questions or direction for up to a few minutes.
 - **Secondary generalized seizures** begin in one part of the brain but then spread to both sides of the brain. In other words, the person first has a focal seizure, followed by a generalized seizure.