

Student's Last Name

First

Middle

Birth date (MM-DD-YY)

Grade/Rm/Trk

School Year

LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director

CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH SEIZURES

To School Personnel: The information below has been completed by the School Nurse from an authorization signed by the student's Medical Provider. Please review this card and initial the appropriate column below.

Special considerations: Student may need to go to health office for medication. Student may need special accommodations for medications when going on a field trip.

MANAGEMENT FOR GENERALIZED TONIC/CLONIC SEIZURE

- Generalized tonic/clonic (Grand Mal): Sudden rigidity followed by muscle jerks, shallow breathing, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue following the seizure.
Place student on floor and protect from injury by moving furniture or other objects out of the way.
Put a soft object under the student's head and loosen tight clothing
Position the student on their side to maintain an open airway and prevent aspiration in case of vomiting during the seizure.
DO NOT place anything between the teeth OR offer drink, food or medication by mouth.
Call 911 if: The seizure lasts 5 minutes or more and there is no anti-seizure medication order, or the student is having difficulty breathing, or the student is seriously injured.
Stay with the student until fully recovered or until paramedics arrive (if called).
Keep a seizure log consisting of the time of onset, any preceding aura, duration of seizure, treatment given, and the condition of the student after the seizure. (This log may be copied and given to the parent)
Notify parent and school nurse if there is a change in the seizure pattern.

MANAGEMENT FOR OTHER TYPES OF SEIZURES

- Absence (Petit Mal): Blank stare, beginning and ending abruptly, lasting a few seconds; may be accompanied by rapid blinking or some chewing movement of the mouth. Student is unaware during the seizure, but quickly returns to full awareness once it has stopped.
Simple Partial: Jerking may begin in one area of body, arm, leg, or face. Movement cannot be controlled. Student is conscious and aware. Jerking may proceed from one area of the body to another and sometimes spreads to become a generalized tonic/clonic seizure.
Complex Partial (Psychomotor or Temporal Lobe): Blank stare followed by chewing, followed by random activity. May pick at clothing, pick up objects, try to take off clothes, run, or appear afraid. Protect from danger but do not restrain. (Once pattern is established, same set of symptoms usually occurs with each seizure). Seizure lasts a few minutes, but post seizure confusion can last longer.
Other:
Keep a seizure log consisting of the time of onset, any preceding aura, duration of seizure, treatment given, and the condition of the student after the seizure. (This log may be copied and given to the parent)
Stay with the student until fully recovered.

Student has physician's orders for oral medications at school: NO YES

Student has Diastat orders: NO YES (Medication is stored in the healthoffice or )

Table with 8 columns: Period, Teacher, Initial, Date for both FIRST SEMESTER and SECOND SEMESTER. Rows include 1-7, Home Room, Administrator, Counselor, and Other.