



**Rusk Independent School District
203 E. 7th Street
Rusk, Texas 75785**

RISD SEIZURE DISORDER HEALTH MANAGEMENT PLAN

STUDENT: _____ GRADE: ____ TEACHER: _____ SCHOOL YEAR: _____
 Parent/Guardian Name: _____ Emergency Phone: _____
 Diagnosis Medical: SEIZURE DISORDER _____ DOB: _____
 Physician (Treating Child's Seizure Disorder): _____ Phone: _____

❖ PERTINENT INFORMATION:

Seizures are changes in behavior brought about by a sudden overload of the electrical impulses, which carry messages between cells within the brain. This sudden overload may occur in only part of the brain, or it may spread to involve the entire brain. Where the electrical activity takes place and how much of the brain is involved indicates what type of seizure a person will have. A seizure may last a few seconds or a few minutes. It might be a convulsion, a brief stare, an unusual movement of the body, or a change in awareness. When the seizure is over, the person's brain goes back to working properly again; however, the person may experience disorientation or sleep following a seizure.

❖ MANAGEMENT GOAL:

1. To prevent or control seizure activity
2. To prevent injuries due to seizures
3. To recognize seizure activity and respond properly
4. To develop a system of reporting and communicating with parents and physicians

❖ DAILY MANAGEMENT:

1. Administer medications as prescribed
2. Observe for seizures
3. In the event of a seizure:
 - √ Remain Calm
 - √ Stay with the student
 - √ Follow the SEIZURE EMERGENCY CARE PLAN
 - √ Notify the school nurse and the parent
 - √ Record documentation of seizures and make available to parent and physician
 - √ If needed be prepared to administer rescue breathing and/or CPR

❖ INDIVIDUAL PLAN OF CARE: _____

 Nurse's Signature:

 Date

 Parent/Guardian Signature

 Date