

SCHOOL HEALTH MANAGEMENT

Individual Health Protocol (IHP): IHP's serve chronically ill students who are Medically Complex, Medically Fragile or Medically Dependent students and include *individualized procedures* for students that deviate from standard first aid. These protocols are developed in collaboration with family and provider and require specially trained designated care givers.

Individual Care Plan (ICP): ICP's serve students with chronic health conditions that do not require interventions that deviate from standard first aid. These resources for chronic conditions that include information regarding diagnoses that parents have reported that are chronic and that provide easy access to *standard procedures* relative to student conditions.

Student Name:		DOB	
RN Case Manager:			
<input type="checkbox"/> IEP Case Manager:		<input type="checkbox"/> 504 Case Manager/Counselor:	
STUDENT CONDITIONS:			

INCLUDED:

ON FILE:

- | | |
|---|--|
| <input type="checkbox"/> Care Plan Authorization | <input type="checkbox"/> Acuity Assessment |
| <input type="checkbox"/> Individual Procedure(s) | <input type="checkbox"/> Nursing Delegations |
| <input checked="" type="checkbox"/> Notification of Health Status | <input type="checkbox"/> Delegation Assignment |
| <input type="checkbox"/> MD Orders | <input type="checkbox"/> 504 Accommodations |
| <input checked="" type="checkbox"/> Seizure Action Plan | <input type="checkbox"/> Medical Statement |
| <input type="checkbox"/> Self-Medication Contract | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Self-Management Contract | <input type="checkbox"/> Authorization to Exchange Information |
| <input checked="" type="checkbox"/> Standard Procedure(s) | |
| <input checked="" type="checkbox"/> Student Acuity Assignment | |



RN: _____

Date: _____

This plan is good for one year unless student health status or medical orders change



Student		DOB	
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ACUITY CLASSIFICATION

Acuity	Description
<input type="checkbox"/> <i>Nursing Dependent Level V</i>	Requires 1:1 skilled nursing assessment and care 24 hours/day.
<input type="checkbox"/> <i>Medically Fragile Level IV</i>	Faces daily possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse; full-time nurse in the building.
<input type="checkbox"/> <i>Medically Complex Level III</i>	Has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments or close monitoring by a professional RN.
<input checked="" type="checkbox"/> <i>Chronically III Level II</i>	Physical/Social Emotional condition(s) that is currently uncomplicated and predictable
<input type="checkbox"/> <i>General Student Level I</i>	Has intermittent acute illness/injury events and normal growth/development.

Nurses Signature

Date of Initial Assignment

(Date and Initial):

Review:	Review:	Review:
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Student Name		DOB		Date	
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**Notification of Student's Health Status
Seizure Disorder**

This student in your class has a health problem identified by his/her parent. This student has a seizure disorder.

If you observe seizure activity (generalized body jerking, blank staring, and purposeless/repetitive actions),

1. Attempt to assist student to floor, move items that are hazardous to prevent student from injury.
2. Loosen clothing at neck and remove glasses
3. Redirect other students if possible
4. Attempt to position student on his left side.
5. DO NOT RESTRAIN STUDENT OR ATTEMPT TO PLACE ANYTHING IN THE MOUTH
6. Try to protect students head and face
7. Call the office and ask for the nurse or first aid provider in your building to come to the student's location.
8. ALWAYS ATTEMPT TO TIME THE LENGTH OF THE SEIZURE,

Please advise all substitute teachers and classroom assistants of this student's potential health need. Consult with the school nurse at least one week prior to all field trips to plan for this student's special health needs.

If you have questions regarding this, please ask me for further information. **Please remember to treat this information with strict confidentiality** as students are concerned with how others perceive them. Confidential medical information is protected by law.

A handwritten signature in black ink, appearing to read "Jan O'Brien RN".

Nurse's Signature

cc: Principal
Teachers

Campus Monitor
Secretary

SEIZURE DISORDERS

Seizure is the physical findings or changes in behavior that occur after an episode of abnormal electrical activity in the brain. The term "seizure" is often used interchangeably with "convulsion." Convulsions occur when a person's body shakes rapidly and uncontrollably. During convulsions, the person's muscles contract and relax repeatedly. There are many different types of seizures. Some have severe shaking and jerking, while some display mild symptoms without shaking.

There are two basic categories of seizures:

- **Epileptic:** These seizures have no apparent cause (or trigger) and occur repeatedly. These seizures are called a seizure disorder or epilepsy.
- **Nonepileptic:** These seizures are triggered (provoked) by a disorder or another condition that irritates the brain. Such as fevers in small children, low blood sugar, electrolyte or chemical imbalances or cardiac issues.

Certain mental disorders can cause symptoms that resemble seizures, called psychogenic nonepileptic seizures.

There are multiple types of seizures and symptoms present based on both the category and type of seizure an individual is effected with, anything from brief staring episodes to total body involvement.

Seizures may be preceded by an aura (warning signs) that it is going to occur, or may occur suddenly.

Epilepsy Association of Central Florida. (n.d.). Epilepsy 101. Retrieved from <http://epilepsyu.com/groups/eacf/courseware/lecture/epilepsy-101/>

Merck Manual. (n.d.). Seizure Disorders - Brain, Spinal Cord, and Nerve Disorders - Merck Manuals Consumer Version. Retrieved from <https://www.merckmanuals.com/home/brain,-spinal-cord,-and-nerve-disorders/seizure-disorders/seizure-disorders>



SEIZURE
ACTION PLAN

Student Name:

DOB:

Date of Plan

Review Date:

Review Date:

Written By:

Reviewed by:

Reviewed by:

D/C date

D/C Initials

<p>Type of Seizure Disorder :</p> <p><input checked="" type="checkbox"/> Student does not require individual interventions that deviate from standard first aid response.</p> <p><input type="checkbox"/> Student requires individualized emergency response to seizures, per MD:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Diastat (Diazepam) <input type="checkbox"/> Versed (Midazolam) <input type="checkbox"/> Other: _____ </p> <p style="padding-left: 40px;"><input type="checkbox"/> Vagus Nerve Stimulator (VNS)</p> <p>Caregivers:</p> <p><input type="checkbox"/> Student requires designated care.</p>	<p>If student exhibits signs and symptoms of seizures:</p> <p><input checked="" type="checkbox"/> Refer to <i>Standard Seizure Procedure</i></p> <p><input checked="" type="checkbox"/> Refer to <i>First Aid Guidelines for Seizures</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Responding to Seizures</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Administration Rectal Diastat</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Administration of Intranasal Versed</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Administration of Buccal Versed</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Administration of Sublingual Medication</i></p> <p><input type="checkbox"/> Refer to <i>Procedure for Vagus Nerve Stimulator</i></p> <p>Designated Caregivers include:</p>
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NURSING DIAGNOSES	GOALS	INTERVENTIONS	OUTCOMES
<p><i>Risk for ineffective airway clearance and risk for ineffective breathing pattern related to neuromuscular impairment secondary to seizure.</i></p> <p><i>Risk for physiological injury related to seizure.</i></p> <p><i>At risk for self-esteem deficit r/t frequent school day seizures</i></p> <p><i>Risk for self-esteem disturbance related to chronic health condition</i></p> <p><i>Risk for altered role performance related to health maintenance</i></p>	<p>CARE PLAN: Student will have adequate seizure management in the school setting with assistance as indicated.</p> <p>Support positive school attendance through seizure management and intervention.</p> <p>STUDENT:</p> <p>Student will receive intervention and support during seizure and appropriate emergency response as needed.</p> <p>Student will have positive school attendance</p>	<p>Consult with parent, student, and healthcare provider to develop emergency procedures.</p> <p>Share procedures with school staff including training and education related to seizures.</p> <p>Instruct and reinforce skills as needed.</p> <p>Arrange for medication or magnets at school as appropriate and in accordance with policy and procedure</p> <p><u>MONITOR:</u></p> <ul style="list-style-type: none"> Changes in seizure activity Type and duration of seizures Emergency Interventions 	<p>Student will have adequate seizure management in the school setting.</p> <p>Student will have adequate staff support and progress positively toward self-management. Student will gain increasing knowledge of health maintenance.</p> <p>Student will demonstrate progressive adaption to chronic health condition.</p> <p>Student will have minimal educational disruptions in relationship to chronic health issues and have positive school attendance supported</p>



FIRST AID GUIDANCE SHEER FOR SEIZURES (Convulsions)

LOOK for –

- Absent breathing or pulse after seizure
- Unconsciousness after seizure
- Upper body/arms moving in jerking or exaggerated stretching movements
- Eyes moving upwards or to side in rapid, “rolling” movements
- Sudden fall
- Pale or bluish skin
- Bowel or bladder incontinence
- Random actions/movements (lip chewing or smacking, picking at clothing, hand wringing, mumbling, wandering)

LISTEN for signs of –

- Sudden piercing cry or scream
- Unable to respond to questions or directions

LISTEN for statements about –

- “I’m going to have a seizure”
- Pain in head
- Feeling of numbness, tingling, or prickling
- No history of seizure

ACTION STEPS –

1. Stay calm.
2. Do NOT restrain the student.
3. DO NOT insert anything in the student’s mouth.
4. DO NOT try to stop purposeless behavior.
5. Assist the student to the floor; turn to side (preferably left side).
6. Time the length of the seizure.
7. Remove objects, furniture which may cause injury. Loosen restrictive clothing and remove eyeglasses. Place padding under head.
8. Delegate an adult to remove other students from the area.

9. Speak quietly and calmly to student and offer reassurance.
10. Allow seizure to run its course.
11. Call EMS/9-1-1 for any of the following:
 - a. Seizure lasts more than 5 minutes.
 - b. 2 or more seizures occur without full recovery of consciousness between seizures.
 - c. Absent breathing and/or pulse. If trained, begin CPR for absent breathing and/or pulse.
 - d. Continued unusual paleness or bluish skin/lips after seizure has stopped.
 - e. Noisy breathing after seizure has stopped.
 - f. Significant injury sustained during the seizure, especially to head or neck
 - g. It is student's first seizure.

Bringing epilepsy out of the shadows. (2008). *British Journal of School Nursing*, 3 (3), 114-3.

Massachusetts General Hospital. (n.d.). *Growing up with Epilepsy: Seizure First Aid*. Retrieved from http://www2.massgeneral.org/childhoodepilepsy/pdf/seizure_first_aid.pdf

Multnomah Education Service District. (2016). *Responding to Student Injury & Illness: A Guidebook for School Personnel*.

SCHOOL HEALTH SERVICES: STANDARD PROCEDURES: SEIZURE DISORDER

SEIZURE DISORDERS

Seizure is the physical findings or changes in behavior that occur after a sudden, brief episode of abnormal electrical activity in the brain. Less commonly seizures are caused by chemical imbalances, infection, injury or sudden change in vascular perfusion (such as with a cardiac arrhythmia) which effect neurological activity.

The term "seizure" is often used interchangeably with "convulsion." Convulsions occur when a person's body shakes rapidly and uncontrollably. During convulsions, the person's muscles contract and relax repeatedly. There are many different types of seizures. Some have mild symptoms without shaking, which may manifest as mild involuntary movement, muscle spasm, mental confusion or staring episodes.

For students who have diagnosed seizure disorders with specific treatment protocols that deviate from standard response or standard first aid/CPR. An individual school health protocol will be implemented in collaboration with the student's parents and neurologist. Examples of this include severe intractable seizure disorders, or students with emergency medication or magnets, for example. Staff will receive health status notifications on students with diagnosed seizure histories. Delegated staff will be trained is individual protocols.

Standard Seizure Response

IF A SEIZURE IS OBSERVED:

IF FALLING/GENERALIZED/JERKING

1. Assist student to floor, turn to side (preferably the left side).

IF SEIZURE OF ANY TYPE OCCURS

2. Loosen clothing at neck and waist; remove eyeglasses (if applicable); protect head with arms, lap, cushioning material. Clear away furniture and other objects from area.
3. Have another classroom adult remove/direct students from area.
4. **TIME THE LENGTH OF THE SEIZURE**
5. Allow seizure to run its course; **DO NOT** restrain or insert anything into student's mouth. **DO NOT** try to stop purposeless behavior.
6. During a general (grand mal) seizure expect to see pale or bluish discoloration of the skin/lips. Expect to hear noisy breathing.
7. Remain calm.

If complex partial seizures (behavior outbursts, lip smacking, head jerking or other repetitive motions that do not impair consciousness) or absence seizures (brief staring episodes) occur:

1. **Time the length of the seizure.**
2. Assist student to comfortable position; speak gently and reassuringly to student.
3. Reassure other students in the area as needed. Avoid referring to student's having a spell.
4. Protect from injury by guiding away from hazards back to appropriate space.
5. Do not restrain student; avoid touching student (unless safety is compromised).
6. Stay back from student acting angry or aggressive.

CALL EMS AND CPR TRAINED STAFF IF ANY OF THE FOLLOWING OCCUR:

- **This is the student's first seizure with no known seizure history.**
- **Seizure lasts 5 minutes or greater or consecutive seizures last 5 minutes or greater.**
- **Two or more seizures occur without a period of consciousness.**
- **Seizure follows a head injury**
- **Student is diabetic**
- **Persistent cyanosis (blue color) of lips does not change after repositioning student,**
- **Respiratory difficulty**
- **Absent breathing**

TRAINED STAFF: START CPR IMMEDIATELY FOR ABSENT BREATHING/PULSE

ALWAYS STAY WITH THE STUDENT UNTIL EMS ARRIVES ON SITE

WHEN SEIZURE COMPLETED, IF EMS/PARENTS ARE NOT ON SITE:

1. Reorient and reassure student.
 - a. allow/assist change into clean clothing if necessary.
 - b. Allow student to sleep, as desired, after seizure.
2. A student recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours. The student is not responsible for his/her behavior during this period, and disciplining him/her is useless.
 - a. If as student does not return to baseline behavior after 30 minutes, student should be dismissed with parent.

Follow up

- Always notify nurse of incident.
- Complete required documentation.

Response Plan adapted from:

Providence Pediatric Neurology School Seizure Protocol (2016)

Multnomah Education Service Districts Individual Seizure Action Plan (2015)

References:

Epilepsy Foundation of Western/Central Pennsylvania: Epilepsy and Learning. (2016). Retrieved from <http://www.efwp.org/programs/ProgramsPSALearning.xml>

Halton District School Board. (2009). Epilepsy & Seizure Disorder Management Protocol. Retrieved from <http://www.hdsb.ca/ParentInfo/Health%20Protocols/SeizureDisorderProtocol209.pdf>