CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

EPILEPSY
Plan of Care (Sample)

Student Information

Student Name: _____ DOB: _____

OEN: _____ Age: _____

Grade: _____ Teacher(s): _____

Any other medical condition or allergy? _____

MedicAlert® ID ☐ Yes ☐ No

Student Photo (Optional)

Emergency Contacts (List in Priority)

Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
3.			

Has an emergency rescue medication been prescribed? ☐ Yes ☐ No
If yes, attach the rescue medication plan, healthcare providers' orders and authorization from the student's parent(s)/guardian(s) for a trained person to administer the medication.
Note: Rescue medication training for the prescribed rescue medication and route of administration (e.g., buccal or intranasal) must be done in collaboration with a regulated healthcare professional.

Known Seizure Inducers

Check (✓) the Appropriate Boxes

☐ Stress ☐ Menstrual Cycle ☐ Inactivity ☐ Changes in Diet ☐ Lack of Sleep ☐Illness

☐ Electoronic Stimulation (TVs, Videos, Florescent Lights) ☐ Improper Medication Balance

☐ Change in Weather ☐ Other: _____

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Daily/Routine Asthma Management	
Description of Seizure (Non-Convulsive)	Action
	(e.g., description of dietary therapy, risks to be mitigated, inducer avoidance)
Description of Seizure (Convulsive)	Action

Seizure Management
Note: It is possible for a student to have more than one seizure type. Record information for each seizure type.

Seizure Type	Actions to Take During Seizure
Tonic Clonic – Also known as grand mal seizures, are the most visible and recognized type of seizure. They involve uncontrolled convulsions and other muscle movements and generally last just a few seconds to a couple of minutes. Absence – Involve brief, sudden lapses of consciousness. Simple Partial – Type of seizure associated with epilepsy. Symptoms can be subtle. Complex Partial – Also known as focal impaired awareness seizure or focal onset impaired awareness	

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seizure. Most common in people with epilepsy. Symptoms will often start abruptly, and the person experiencing the seizure may not know they have had one. Atonic – Part of all of the body may suddenly become limp Myoclonic – Cause a quick uncontrollable muscle movement with no change in level of awareness or consciousness. Type: _____ Description: _____	

Frequency of seizure activity:

_____

_____

Type of seizure duration: _____

Basic First Aid: Care and Comfort

First aid procedure(s): _____

_____

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If yes, describe process for returning student to classroom: _____

_____

<u>BASIC SEIZURE FIRST AID</u>

- Stay calm and track time and duration of seizure
- Keep student safe
- Do not restrain or interfere with student's movements
- Do not put anything in student's mouth
- Stay with student until fully conscious

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FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side
- Make necessary accommodations to seating arrangements, rest periods and testing for student safety and well-being.

Emergency Procedures

Students with epilepsy will typically experience seizures as a result of their medical condition.

Dial 911 when:

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

* Notify parent(s)/guardian(s) or emergency contact

Healthcare Provider Information (Optional)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____ Profession/Role: _____

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:
If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

*** This information may remain on file if there are no changes to the student's medical condition. ***

Authorization Plan/Review

Individuals with whom this plan of care is to be shared

1.

2.

3.

4.

5.

6.

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Other individuals to be contacted regarding Plan of Care:
Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (if applicable): _____ Other: _____

This plan remains in effect for the _____ - _____ school year without change and will be reviewed on or before: _____. It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the Plan of Care during the school year.

Parent(s)/Guardian(s): _____ Date: _____
Signature

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature