



PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Health Services

SEIZURE EMERGENCY PLAN

Student's Name:	DOB:	Grade:
Current Medication(s):		

<u>Type of Seizure(s)</u>	<u>Description*</u>
<input type="checkbox"/> Absence	Staring, eye blinking, loss of awareness, Other _____
<input type="checkbox"/> Simple partial	Remains conscious, distorted sense of smell, hearing, sight, involuntary rhythmic jerking/twitching on one side, Other _____
<input type="checkbox"/> Complex partial	Confused, not fully responsive/unresponsive, may appear fearful, purposeless, repetitive movements, Other _____
<input type="checkbox"/> Generalized tonic-clonic	Convulsions, stiffening, breathing may be shallow, lips/skin may have bluish color, unconsciousness, confusion, weariness, or belligerence when seizure ends, Other _____

*Student may experience some or all of the listed symptoms during a seizure.

Possible warning and/or behavior changes prior to the seizure _____

Average Frequency: _____

Usual Time of Day Seizure Occurs: _____

Average Length of time Seizure Lasts: _____

TREATMENT

DIASTAT (diazepam rectal gel) _____ mg rectally prn for:

seizure > _____ minutes OR for _____ or more seizures in _____ hours

Use VNS (vagal nerve stimulator) Magnet _____

Other _____

CALL 911 if:

-Seizure does not stop by itself or with VNS within _____ minutes

-Seizure does not stop within _____ minutes of giving DIASTAT

-Child does not start waking up within _____ minutes after seizure is over (no DIASTAT given)

-Child does not start waking up within _____ minutes after seizure is over (after DIASTAT is given)

Following a Seizure:

- Child should rest in health office
- Child may return to class
- Parents should be notified immediately
- Parents should receive a note sent home with the child

Physician's Signature: _____ Date _____

License# _____ Phone _____

Parent's Signature: _____ Date _____

EMERGENCY CONTACTS

1. Name: _____

Phone: _____ Relationship: _____

2. Name: _____

Phone: _____ Relationship: _____

3. Name: _____

Phone: _____ Relationship: _____

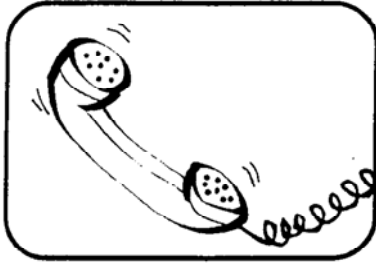
TRAINED STAFF MEMBERS

1. Name: _____ Room: _____

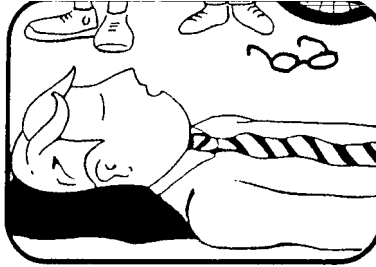
2. Name: _____ Room: _____

3. Name: _____ Room: _____

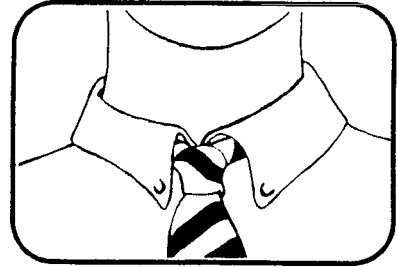
First Aid for Seizures



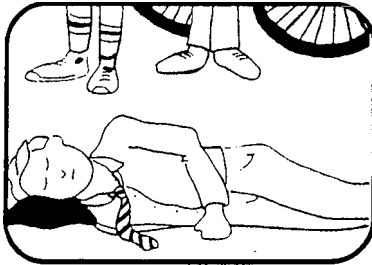
In case of seizure, immediately contact the school nurse or designed



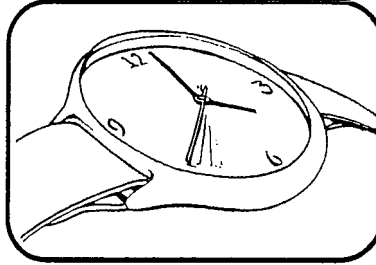
Cushion head, remove glasses



Loosen tight clothing



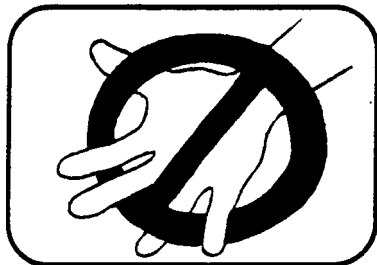
Turn on side and keep airway clear



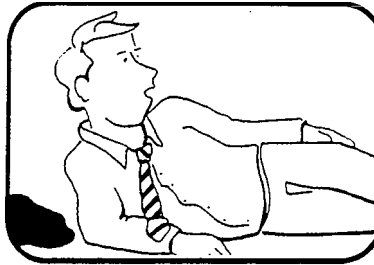
Note the time a seizure starts and the length of time it lasts



Don't put anything in mouth



Don't hold down



As seizure ends...



...offer help

Most seizures in people with epilepsy end without harm after 1 or 2 minutes and usually do not require a trip to the emergency room. But sometimes there are good reasons to call for emergency help:

- Prolonged seizure
- Slow recovery
- Repeated seizures on the same day
- Difficulty breathing after a seizure
- Pregnancy or other medical diagnosis
- Any signs of injury

CONFIDENTIALITY STATEMENT

By creating and distributing the DIASTAT® (diazepam rectal gel) Back-to-School Kit, it is the expressed intention of Xcel Pharmaceuticals, [Inc. to](http://www.xcel.com) provide a value-added service to healthcare providers, caregivers, and patients. Xcel Pharmaceuticals, Inc. intends to fully comply with HIPAA guidelines for patient confidentiality to ensure that personal information is not disclosed to anyone outside of those that the parent/caregiver, healthcare professional, or student-patient deem acceptable. Xcel Pharmaceuticals, [Inc. is](http://www.xcel.com) not responsible for the DIASTAT Back-to-School Kit or its contents after the kit has been released to healthcare professionals. Careful consideration should be given before any medical information is released to others.

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Diastat
(diazepam rectal gel)
www.diastat.com

Pg 3