

ADMINISTRATION BUILDING

701 West Gregory Street - Mount Prospect, Illinois 60056 P (847) 394-7300 | F (847) 394-7311 | www.d57.org

## Individual Health Care Plan (IHCP) for Seizure Disorder

# CONFIDENTIAL

You indicated on the school emergency form that your child has a seizure disorder. This plan will identify what precautions need to be taken and emergency response provisions. This form will become part of your child's confidential school health record. Our primary concern is that your child's health care needs are met while in school.

Individual Health Care Plan (IHCP) for: DATE OF LAST SEIZURE: GOAL: Identification of seizure activity, prever PROBLEM: Potential for injury related to seizu	School Year:
Seizure History/Parent Questionnaire 1. When was your child's first seizure?	How old was your child?
2. How often does your child have a seizure?	
3. Has your child ever been hospitalized for sei	zures? If yes, when and why was your child hospitalized?
	illness/fever stress poor nutrition other
5. Please describe any unusual behavior that ma	ay occur prior to a seizure , if any
6. Please describe your child's typical seizure ac	ctivity
<ul> <li>7. Please check the type of seizure disorder you</li> <li>Simple Partial</li> <li>Complex Partial</li> <li>Generalized Tonic Clonic</li> </ul>	
8. Please list all seizure medications your child will have available at school:	
9. Please list all medications used at home and/or school:	
10. Please list any side effects your child experiences from the medication:	
11. Please list any additional comments or speci	al instructions for field trips, activities and after school programs:

#### Parent Responsibilities

- Complete and return the Seizure Action Plan and IHCP before the first day of the school year.
- Provide labeled medication(s) in the original pharmacy container and completed Physician's Medication Request form(s) to the health office **before the first day of the school year.**
- Keep nurse informed of any changes in your child's medical condition or medications.
- Promptly report any new seizure activity to the nurse.
- Parent will provide training on Diastat administration to staff member(s) who have agreed to Diastat training and administration, when applicable.
- Periodically teach and review with your child the following:
  - to recognize early warning signs of a seizure.
  - to communicate with an adult, as soon as he/she feels early signs of a possible seizure.
  - to recognize and avoid known seizure triggers.

#### **Student Responsibilities**

- Recognize and immediately report any early warning signs of a seizure to staff, teacher or nurse.
- Participate in IHCP by avoiding known seizure triggers when possible.

#### • Report teasing or bullying to a trusted adult.

### Nurse Responsibilities

- Educate staff on seizure precautions, to recognize symptoms of a seizure, and respond accordingly.
- Ensure access to emergency medication when developing plans for evacuation and relocation drills.
- Review emergency procedures with staff prior to field trips as needed.
- Notify parent/guardian of any seizure activity.
- Document on separate Seizure Observation Record, if indicated, per Seizure Action Plan and /or IHCP.
- Follow district procedures for medication administration and emergency situation management including calling 911.
- A copy of the student's Seizure Action Plan and IHCP will be kept in the health office and student's homeroom.
- Nurse will communicate relevant information to appropriate teacher(s)/ staff member(s)
- Nurse will file all medical forms in the student's temporary file at the end of the school year.

### **Teacher Responsibilities**

- If student reports or demonstrates any early warning signs of a seizure, send promptly to health office accompanied by an adult.
  - If seizure occurs teacher/ staff will provide privacy as situation allows and follow procedures below:
    - Stay calm and remain with student.
    - Help student to the ground.
    - Remove furniture or sharp objects from the area.
    - If available, place something soft under student's head.
    - Do not place anything in the student's mouth.
    - Note time seizure began and time seizure ends.
    - Notify front office and/or nurse as soon as possible.
    - Stay with student during recovery time, reassure and reorient.
    - Document on the Seizure Observation Record if indicated per IHCP instructions.
  - If indicated, Nurse or trained staff member to administer Diastat per Seizure Action Plan.
- Keep a copy of the Seizure Action Plan and IHCP in teacher sub folder.
- Plan for the following on field trips:
  - Review Seizure Action Plan and IHCP before the field trip.
  - Teacher will inform nurse at least two weeks in advance of a field trip, when the parent or staff member trained in Diastat administration, cannot accompany student on the field trip.
  - Carry a cell phone to call 911 if needed.
  - Implement special instructions as indicated on the IHCP.
- Follow district procedures for medication administration and emergency situation management including calling 911.

#### **Principal Responsibilities**

- Ensure there are walkie-talkies available to playground and P.E. staff.
- Principal will work collaboratively with Nurse and Teacher to identify appropriate staff member(s) willing to be trained by the parent in Diastat administration, if needed.

The Individual Health Care Plan has been reviewed and signed by:

Parent Signature Date

School Administrator/Nurse