PLAN OF CARE

PREVALENT MEDICAL CONDITION — EPILEPSY/SEIZURE DISORDER
Plan of Care

STUDENT INFORMATION

School _____	Date _____	
Student Name _____	Date Of Birth _____	
Ontario Ed. # _____	Age _____	
Grade _____	Teacher(s) _____	

EMERGENCY CONTACTS (LIST IN ORDER OF 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 TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

❒ Stress	❒ Menstrual Cycle	❒ Inactivity
❒ Changes In Diet	❒ Lack Of Sleep	❒ Electronic Stimulation (TV, Videos, Florescent Lights)
❒ Illness	❒ Improper Medication Balance	
❒ Change In Weather	❒ Other _____	

❒ Any Other Medical Condition or Allergy? _____
_____

DAILY MANAGEMENT/ACTIONS

Describe what measures need to be taken to support daily management of epilepsy and avoidance of seizures (i.e. description of dietary therapy, risk to be mitigated, trigger avoidance).

SEIZURE INFORMATION

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

SEIZURE TYPE	DESCRIPTION What does it look like? Duration? Frequency?	ACTION

BASIC FIRST AID: CARE AND COMFORT

First aid procedure(s): _____

_____

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

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

_____

BASIC SEIZURE FIRST AID

- 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

FOR TONIC-CLONIC SEIZURE:

- Protect student's head
- Keep airway open/watch breathing
- Turn student on side

EMERGENCY RESPONSE

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

Call 9-1-1 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

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._____

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:_____

Permission is granted to store this plan on the S:/drive?: ❒Yes ❒ No

This plan remains in effect for the 20___— 20___ 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

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature

Implementation Date: September 2018

Reference: LKDSB Policy
Ministry of Education PPM 161

APPENDIX 1