

Green Brook Township Public Schools

IEF Elementary School
 105 Andrew Street, Green Brook, N.J. 08812
School Nurse: Mrs. Ostrander
 Office Phone: 732-9681052 ext. # 3 Fax: 732-968-0791

Green Brook Middle School
 132 Jefferson Avenue, Green Brook, N.J. 08812
School Nurse: Mrs. Seracka
 Office Phone: 732-968-1051 ext. # 3 Fax: 732-752-1086

HEALTH CARE PRACTITIONERS REQUEST: ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION, CARE PLAN/ IHP & IEHP

This permission form is to acknowledge administration of seizure medication and the enactment of the Seizure Care Plan/ IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) for this student by either the school nurse (CSN), or a registered nurse (RN). As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Health Care Practitioner's written request. **This Administration of Emergency medication, IHP & IEHP will be effective for the current school year and must be renewed for each subsequent year.**

I. PERSONAL

Student's Name:	DOB:	Grade:
Date plan initiated:	<input type="checkbox"/> M♂ <input type="checkbox"/> F♀	School: GBMS - IEF
Health Care Practitioner's Name:		Phone #:
Hospital:		

II. SEIZURE TYPE AND TRIGGERS/WARNING SIGNS:

• Seizure Type:	
• Seizure Triggers:	
• Frequency of occurrence:	• Seizure average length:
• Aura: <input type="checkbox"/> YES or <input type="checkbox"/> NO	• Ketogenic diet <input type="checkbox"/> YES or <input type="checkbox"/> NO

III. MEDICATION and Protective equipment ORDERS:

Medication	Dose/wt.	Criteria for medication administration, activities adaptations or equipment
Diastat – rectal adm.	mg.	Seizure lasting more than _____ min. student should receive Diastat.
Vagal Nerve Stimulator Magnet:		<input type="checkbox"/> Yes <input type="checkbox"/> No Use/frequency
Protective equipment:		<input type="checkbox"/> NO <input type="checkbox"/> YES What:
Activities adaptations:		<input type="checkbox"/> NO <input type="checkbox"/> YES What:

IV. SEIZURE CARE PLAN: ASSESSMENT & INTERVENTIONS

Student usually demonstrates which of the following signs and symptoms?

Simple Seizures	Generalized Seizures	Post seizure: postictal stage
<input type="checkbox"/> lip smacking/chewing	<input type="checkbox"/> sudden cry or squeal	<input type="checkbox"/> tiredness
<input type="checkbox"/> behavioral outbursts	<input type="checkbox"/> gurgling/grunting noises	<input type="checkbox"/> weakness
<input type="checkbox"/> incoherent mumbling	<input type="checkbox"/> falling down	<input type="checkbox"/> sleeping
<input type="checkbox"/> staring	<input type="checkbox"/> rigidity/stiffness (tonic)	<input type="checkbox"/> confusion
<input type="checkbox"/> eyes roll back	<input type="checkbox"/> thrashing/jerking (clonic)	<input type="checkbox"/> headache
<input type="checkbox"/> twitching: eyes, mouth, tongue, fingers	<input type="checkbox"/> loss of bowel/bladder control	<input type="checkbox"/> slurred incoherent speech
<input type="checkbox"/> unresponsive to verbal commands	<input type="checkbox"/> slow or stops breathing	<input type="checkbox"/> restlessness
<input type="checkbox"/> Other:	<input type="checkbox"/> lip color pale or blue	<input type="checkbox"/> Other:
	<input type="checkbox"/> froth from mouth	
	<input type="checkbox"/> loss of consciousness	
	<input type="checkbox"/> Other	

Seizure Activity

Seizure Activity		
Actions: Stay Calm <ul style="list-style-type: none"> Time Seizure length Allow seizure to run its course Move surrounding objects to avoid injury Support/cushion head/ remove glasses Assist or place student on floor Call for school nurse Talk to victim in a calm soothing manner Turn on side when not having spasms 		<ul style="list-style-type: none"> Do not hold the student down Do not put anything in the mouth Notify administration and parent/guardian Remove other students from immediate area Document seizure activity on log Re-orient to surroundings and assure safety Loss of bowel/ bladder control cover with blanket
Assessment	Symptoms	Actions
Airway/ Breathing	Respiratory distress or no breaths after a minute	CPR/Rescue Breathing and reassess
	Shallow breathing or noisy	Monitor breathing
Circulation	Rapid >120 or absent pulse	CPR/Rescue Breathing and Call 911
	Lips: pale or blueness is expected	CPR/Rescue Breathing and Call 911
Seizure activity	Thrashing of extremities Rapid blinking, trance-like stare, Loss of consciousness, fall, etc.	Call 911 if student: <ul style="list-style-type: none"> has seizure longer than 5 minutes there are multiple seizures without regaining consciousness First time seizure is injured or has diabetes
Bleeding from mouth	Usually from bitten tongue	Using universal precaution wipe face after seizure ends
Additional HCP orders		

VII. HEALTH CARE PRACTITIONER'S ACKNOWLEDGEMENT:

As this child's Health Care Provider I hereby acknowledge my understanding and agree to the procedures for Emergency treatment and/or Administration of Seizure Medication and this IHP/IEHP. I acknowledge that the prescribed medication(s) and IHP/IEHP procedures enacted by the school nurse, or substitute nurse of the Green Brook School District and its' employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of a medication and/or the procedures in this IHP/IEHP. I shall indemnify and hold harmless the school district and its' employees or agents from any and all claims arising from the administration or lack of administration any prescribed medications, treatments or procedures.

Practitioner's Stamp

Practitioner's printed name:

Practitioner's signature:

Date:

Parent/Guardian signature

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PARENT/GUARDIAN REQUEST: ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION, SEIZURE CARE PLAN/ IHP & IEHP

I. Administration of medication Policy and Regulations:

This permission form is to acknowledge administration of seizure medication and the enactment of the Seizure Care Plan/ IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) for this student by either the school nurse (CSN) or a registered nurse (RN).

- ★ As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Parent/Guardian's and a Health Care Practitioner's written request.
- ★ This medication request and the Seizure Care Plan/ IHP & IEHP will be effective for the current school year and must be renewed for each subsequent school year.
- ★ Medications can only be given by the school nurse, substitute school nurse, or the student's parent/guardian as per N.J.A.C. 6A: 16-2.3.
- ★ All medications must be transported to the Health Office by an adult and in their original pharmacy labeled container.
- ★ Any medications that remain in the Health Office after 2 weeks from the last day of the school year will be discarded.
- ★ If the duties of the school nurse (or substitute) require his/her presence at another location at the time the medication is needed, the ultimate responsibility for medication administration will remain with the parent/guardian.
- ★ **Emergency services (911) will be called whenever seizure medication is administered or student status requires further emergency care or evaluation**
- ★ **The cost of transportation of a student via emergency services personnel to a hospital emergency room is the responsibility of the parent/ guardian(s).**

II. STUDENT PERSONAL DATA

Student's Name: _____		DOB: _____	
Student's Grade: _____		Date plan initiated _____	
School Year: _____		Address: _____	
City: _____		School: GBMS - IEF	
Health care practitioner: _____		Gender: <input type="checkbox"/> M♂ <input type="checkbox"/> F♀	
Hospital: _____		Phone #: _____	

III. HEALTH CARE PLAN/ ALLERGIC TRIGGERS/ SYMPTOMS

Health care interventions initiated by the nurse(s) will follow the: HEALTH CARE PRACTITIONER'S REQUEST: ADMINISTRATION OF EMERGENCY SEIZURE MEDICATION, SEIZURE CARE PLAN/ IHP & IEHP orders and the GB BOE Policy and Regulations.

Note: Emergency services (911) is always called whenever emergency seizure medication is administered and the "student must/will be transported by emergency services personnel to a hospital emergency room".

• Seizure Type: _____	
• Seizure Triggers: _____	
• Frequency of occurrence: _____	Seizure average length: _____
• Aura: <input type="checkbox"/> YES or <input type="checkbox"/> NO	Ketogenic diet <input type="checkbox"/> YES <input type="checkbox"/> NO
• Describe _____	

IV. MEDICATION

Medication	Criteria for Administration	Dosage	Repeat dose instructions
Diastat	As per Practitioner's order	As per practitioner's order	As per practitioner's order

V. PARENTAL ACKNOWLEDGEMENT AND SIGNATURE:

The following signatures signify that I acknowledge my understanding, agreement to and consent for the above named student to receive care as outlined on this form and:

- as written by my child's health care practitioner (HCP)
- as outlined in this seizure care plan and the attached Classroom Health Care Plan and GB BOE policies.
- the medication may be administered by the school nurse, or nurse substitute.

I further acknowledge that school district and its employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of an emergency seizure medication and as the parent/guardian, I shall indemnify and hold harmless the school district and its' employees or agents from any and all claims arising from the administration or lack of administration of any medications/treatments prescribed by my Health Care Practitioner.

Legal Parent/Guardian printed name:

Date:

Legal Parent/Guardian signature:

First Aid for Seizures

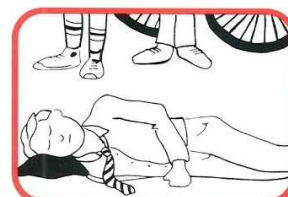
(Convulsions, generalized tonic-clonic, grand mal)



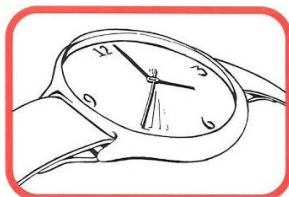
Cushion head,
remove glasses



Loosen tight clothing



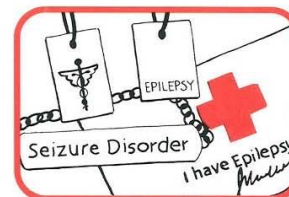
Turn on side



Time the seizure with
a watch



Don't put anything
in mouth



Look for I.D.



Don't hold down

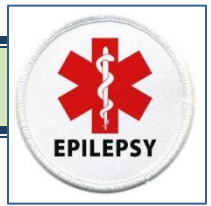


As seizure ends...



...offer help

Classroom Health Care Plan: Seizure



Seizure is a clinical manifestation of an electrical disruption in the brain.

During a seizure, a person's muscles tighten and relax rapidly or stop moving completely. Seizures come on suddenly, and people who have them cannot control their muscles while they are having a seizure. If too many brain cells are sending signals at the same time, it causes an overload, and a person may pass out and shake all over. People who have epilepsy may have seizures only once in a while or every day.

ASSESSMENT

Student can demonstrate the following signs and symptoms:

Simple Seizures	Generalized Seizures	Post seizure: postictal stage
<ul style="list-style-type: none"> lip smacking/chewing 	<ul style="list-style-type: none"> loss of consciousness 	<ul style="list-style-type: none"> tiredness
<ul style="list-style-type: none"> behavioral outbursts 	<ul style="list-style-type: none"> sudden cry or squeal 	<ul style="list-style-type: none"> weakness
<ul style="list-style-type: none"> incoherent mumbling 	<ul style="list-style-type: none"> gurgling/grunting noises 	<ul style="list-style-type: none"> sleeping
<ul style="list-style-type: none"> staring 	<ul style="list-style-type: none"> rigidity/stiffness (tonic) 	<ul style="list-style-type: none"> confusion
<ul style="list-style-type: none"> unresponsive to verbal commands 	<ul style="list-style-type: none"> thrashing/jerking (clonic) 	<ul style="list-style-type: none"> headache
<ul style="list-style-type: none"> twitching: eyes, lips, fingers 	<ul style="list-style-type: none"> slow or stops breathing 	<ul style="list-style-type: none"> restlessness
<ul style="list-style-type: none"> eyes roll back 	<ul style="list-style-type: none"> loss of bowel/bladder control 	<ul style="list-style-type: none"> slurred/incoherent speech
	<ul style="list-style-type: none"> lip color pale or blue 	

SEIZURE INTERVENTIONS

<ul style="list-style-type: none"> Stay Calm Time Seizure length Allow seizure to run its course Move surrounding objects to avoid injury Support/cushion head/ remove glasses Assist or place student on floor Call for school nurse Talk to victim in a calm soothing manner Turn on side when not having spasms Notify administration and parent/guardian Document seizure activity on log 	<ul style="list-style-type: none"> Do not hold the student down Do not put anything in the mouth Remove other students from immediate area Re-orient to surroundings and assure safety Loss of bowel/ bladder control cover with blanket Lips: pale or blueness is expected Staff member shall accompany the student with EMS transport if the parent/guardian or emergency contact is not present
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Assessment	Symptoms	Actions
Airway/ Breathing	Respiratory distress or no breaths after a minute	CPR/Rescue Breathing and reassess
	Shallow breathing or noisy	Monitor breathing
Circulation	Rapid >120 or absent pulse	CPR/Rescue Breathing and Call 911
Seizure activity	Thrashing of extremities Rapid blinking, trance-like stare, Loss of consciousness, fall, etc.	Call 911 if student: <ul style="list-style-type: none"> if seizure lasting longer than 5 minutes has multiple seizures without regaining consciousness has a first time seizure is injured or has diabetes
Mouth bleeding	Usually from bitten tongue	Universal precaution wipe face after seizure ends. Do not stick anything in the mouth.

First Aid for Seizures

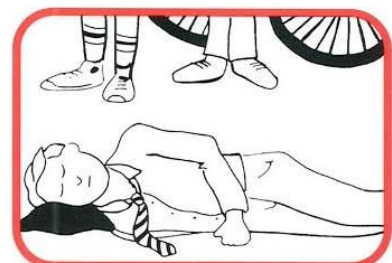
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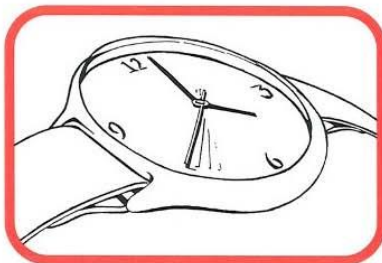
Cushion head,
remove glasses



Loosen tight clothing



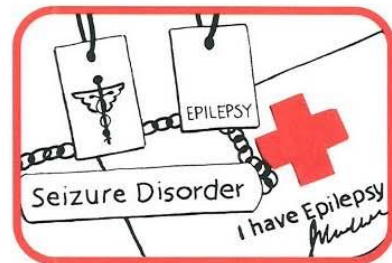
Turn on side



Time the seizure with
a watch



Don't put anything
in mouth



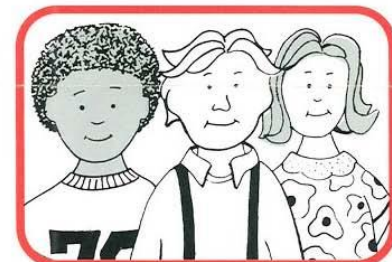
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