Alamogordo Public Schools
Health Services

Request for Information Regarding Seizures

Date: _____

Dear Parent/Guardian of _____
In order to provide the best possible care for your child, I need further information regarding your child's medical condition.
Please fill out the following information and return it either by mail or hand delivery to the school nurse's office.

Parent Name _____Day Phone # _____

Physician Name _____ Phone Number _____

How long has your child had seizures? _____

What type of seizures does he/she have? _____

How long does each seizure typically last? _____

Can you describe what "typical" seizure is for your child? _____

Have you identified any possible triggers for the seizures? _____

Is there a difference between past and current seizure patterns? _____
_____
How do other illnesses affect your child's affect your child's seizure patterns? _____
_____

MEDICATIONS:
What Medication(s) does your child take?
Medication Dosage Time of day taken

_____
_____
What happens if a dose is missed? _____
Does taking other medications affect your child's seizure control? _____
Does he/she require medications to stop a seizure? _____

PRECAUTIONS:
Will your child require extra precautions for any of the following?

	Yes	No	If yes, explain
Recess			
Field Trips			
Physical Education			
Bus Rides			

Name:	**DOB:**
Parent/Guardian:	**Phone #'s:**
Physician Name:	**Physician #**

Specifics:

Aura: ☐ Yes ☐ No Describe:

_____

Last documented seizure per parent:_____

Per training instructions:

Vagal Nerve Stimulator(VNS) ☐ Yes ☐ No

Stimulator Site:_____

Magnet location:_____

Emergency Medications: ☐ Yes(see orders below) ☐ No

Off campus or nurse is not available:

☐ Notify Parent

☐ **Call 911** if seizure last > ____min or has more than one seizure or is not breathing

☐ Allow student to rest after seizure

☐ _____

First Aid for Seizures:

- Stay Calm
- Stay with student during seizure and until fully conscious
- DO NOT restrain movement
- DO NOT place anything in the mouth
- Clear area of potential hazards
- Protect the head
- Time the seizure from beginning to end
- Note movement during seizure
- **If seizure lasts longer than 5 minutes or has more than one seizure or is not breathing CALL 911.**

- **After the Seizure:**
  1. Turn student gently to one side. (it is not uncommon for student to vomit/defecate or urinate)

  In the unlikely event that a person does not start breathing after the seizure-start rescue breathing and check for pulse. If no pulse, start CPR
  Wait for assistance and call parent

Types of Seizures

They will not remember the event.

- **Partial**
  Student may not lose consciousness but may have a change in consciousness and may appear dazed, confused, or unaware of their surroundings. Student may exhibit symptoms such as: sudden jerking of one part of body, weakness of arm/leg, sudden fear, facial movements, repetitive movements, nausea, vomiting, and disturbances in vision, hearing, or smell.
- **Absence** (e.g. petit mal)
  are lapses of awareness, sometimes with staring, that often begin and end abruptly, lasting only a few seconds. There is no warning and no after-effect.
- **Tonic – clonic** (e.g. grand mal)
  Student will lose consciousness, body will become rigid with jerking and thrashing movements which may last several minutes. Student may be incontinent of urine and feces and usually wants to sleep after seizure.

Physician Orders:

Type of seizure: ☐ Tonic- Clonic ☐ Absence ☐ Partial ☐ Other _____

Usual length of seizure: _____

Seizure Triggers: ☐Strobe lights/Emergency lights ☐ Loud repetitive noise ☐ Anxiety/Anger ☐Missed medication ☐ Computer Monitor/TV screen ☐ Other _____

Additional Information: (If needed) _____

Medication (routine)	Dose	Route	Administration Time
1.			
2.			
Emergency Medication			☐ Seizure lasting _____ min or longer ☐ Cluster of seizures: _____ seizures in _____ min

Vagal Nerve Stimulator: ☐ Yes ☐ No Stimulator Site _____

PE or activity restrictions: ☐ Yes ☐ No If yes, please list:_____

Activate 911:

☐ Seizure Activity > than _____ min

☐ Unresponsive after _____ min of emergency med admin

☐ Seizure continues > _____ min after emergency med admin

☐ Other_____

Physician Signature_____ Date_____ Parent Signature_____Date_____

School RN Signature_____ Date_____

Revised 4/2017

Nursing Diagnoses: Mobility: physical, impaired; Communication, impaired verbal; Sensory perception disturbed ; Injury, risk for NIC - Prevention or minimization of potential injuries
NOC Neurological Status: Ability to coordinate CNS activity for safe movement and control