



**LABBB Health Office at Lexington High School**

251 Waltham St. Lexington, MA 02421

Tel: 781-861-2400 ext 1009

Fax: 781-861-1351

Email: healthoffice@labbb.net

**LABBB INDIVIDUALIZED SEIZURE PLAN**

School Year: \_\_\_\_\_

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

**Student seizure triggers:**

**Student seizures usually look like:**

If \_\_\_\_\_ has a seizure:

- If available, ask another staff member to notify nurse
- Stay calm and track time with watch
- Keep the student safe by moving furniture or equipment away from the student
- Do not restrain
- Turn the student gently on to one side. This will help keep the airway clear
- Place a cushion or folding cloth beneath the head for protection
- Do not put anything in the mouth
- Stay with the student until fully conscious
- Write down any observations in seizure report log

**If seizure lasts \_\_\_\_\_ minutes or longer, the nurse is to administer**  
***Emergency Medication Name:* \_\_\_\_\_ *Dose:* \_\_\_\_\_ *Route:* \_\_\_\_\_**  
**per MD order, call 911, and notify parent/guardian.**  
Emergency medication is located: \_\_\_\_\_  
Please check here if student **does not** have emergency medication ordered:



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### CALL 911 FOR:

- A seizure lasting longer than \_\_\_\_\_ minutes (LABBB policy states 911 will be called after 5 min)
- Any signs of respiratory distress (stops breathing or turns dusky/blue)
- If emergency seizure medication is administered
- Other: \_\_\_\_\_

After the seizure:

- Check the student for injuries and allow student to rest
- Notify the school nurse, if not already alerted
- Remain nearby until the student appears aware and alert
- Inform parents of seizure activity

### Additional instructions, including safety devices worn and/or Vagal Nerve Stimulator (VNS) instructions:

### OFF CAMPUS ACTIVITIES:

- If a seizure occurs off campus on a field trip or worksite, and a nurse is not present, 911 will be called.
  - *(An exception will be made if a Medical Directive to suspend the Individualized Seizure Plan during off-campus activities is written and signed by the physician and co-signed by the parent/guardian. The Directive must specify that the emergency seizure medication does not need to be available for off-campus activities.)*
- Emergency seizure medication CANNOT be administered by non-nursing staff.
- Parents/guardians may attend field trips to administer emergency seizure medications.

### SWIMMING:

- All students with a history of seizures are required to have:
  - 1:1 continual observation by a LABBB staff member in the pool with the student
  - Flotation device



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**SEIZURES AS MEDICAL EMERGENCIES:**

A seizure seldom requires an ambulance or emergency treatment. A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured
- Student is pregnant or known diabetic
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in the water

**CONTACT INFORMATION**

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Primary Care MD: \_\_\_\_\_

Neurologist name: \_\_\_\_\_

Primary Care MD number: \_\_\_\_\_

Neurologist number: \_\_\_\_\_

*The Individualized Seizure Plan as detailed above will be valid for one calendar year from the date of physician signature.*

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, consent to the Individualized Seizure Plan as written. I understand that nurses are the only school staff who are able to administer emergency seizure medications. I understand that a nurse may not always be available to attend off-campus trips with my child, and I have the right to attend these trips to administer the emergency seizure medication if necessary. I understand that, if my child has a seizure and no nurse is present, 911 will be called unless a current, physician-signed Medical Directive is in place.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student signature (if over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_