LAKELAND UNION HIGH SCHOOL

INDIVIDUALIZED HEALTH PLAN (IHP) – SEIZURES

STUDENT NAME: Kelley, Dacian	**DOB:**	**GRADE:**
SCHOOL NURSE AUTHOR:	**DATE OF IHP:**	
PHYSICIAN NAME AND PHONE #:	**PARENTS / GUARDIAN SIGNATURE:**	

NURSING DIAGNOSES	MEDICAL GOAL WHILE STUDENT IS IN SCHOOL	PLAN OF CARE

POTENTIAL FOR INJURY R/T SEIZURE ACTIVITY **a. Grand Mal** **SECONDARY TO** **Epilepsy**	STUDENT IS TO REMAIN SAFE AT ALL TIMES	1. Student is to be supervised while at school by faculty, care aides or nursing. 2. Observe student's environment for injury potentials and correct environment for maximum safety. 3. Observe student for signs and symptoms of impending seizure activity: uncooperative, excessive tiredness (malaise), decreased coherence or cognition. 3. Follow Emergency Seizure Plan and Documentation Flow with any seizure event- staff witnessing event to complete documentation flow and give to nurse to be kept in student's health file. 4. Nurse or staff to administer any medication as outlined on Emergency Seizure Plan and Documentation Flow as so ordered by PCP 4. Staff or nurse to place student in side lying position on floor with small pillow or folded blanket under head. 5. Do not restrain student-remain at student's side. 4. Have second person **call nurse immediately at x1550** with any seizure activity for assessment and care of student. 5. Do not place anything in student's mouth to prevent tongue biting; if this were to occur-nurse to cleanse tongue with QTip/H2O3 then QTip rinse with water after seizure has ceased and student is no longer clenching teeth. Tongue may be coated with Vaseline via QTip for comfort after cleansing.
ALTERATION IN AIRWAY CLEARANCE AND/OR HYPOXIA R/T **a. INABILITY TO REMOVE ORAL SECRETIONS OR TONGUE OBSTRUCT. SEC. TO SEIZURE EVENT.** **b. DESATURATION FROM HOLDING BREATH DURING SEIZURE EVENT.**	STUDENT IS TO REMAIN FREE OF ORAL MUCOUS OR TONGUE OBSTRUCTION AND HYPOXIA AT ALL TIMES DURING A SEIZURE EVENT	1. Immediately position student sidelying on flat surface at the onset of any seizure event to aid in oral mucous drainage and tongue obstruction. 2. If available, Place Pulse Oximeter on warm, dry finger of student for continuous monitoring of PO2 during and after a seizure event. Remove once oxygenation if proved stable. 3. If available, place oxygen per NC to maintain O2 saturation above 92% during and after any seizure activity.

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