Individualized Healthcare Plan: Seizures

2025-2026 New Providence High School/ Middle School

Student Name:_____ Date of birth:_____ Grade:_____

Medical diagnosis: Epilepsy

Student centered goal: For the current school year, the student will be able to recognize aura prior to seizure, demonstrate safety measures as able, and avoid seizure triggers.

Nursing diagnosis: 1. Risk for injury related to seizure activity. 2. Risk for aspiration due to seizure activity. 3. Risk for anxiety related to diagnosis of epilepsy/ seizure disorder.

Outcomes	Interventions
Students will demonstrate awareness of aura or signs and symptoms of impending seizure.	1. Educate students to recognize their specific signs and symptoms of an impending seizure and encourage them to access appropriate care and medications when needed.
Students will demonstrate awareness of personal triggers of a seizure.	1. Nurses and faculty will reduce or remove factors that may contribute to seizures. 2. Educate students on the importance of sleep, diet, and taking medications as prescribed.
Students will have an Emergency Action Plan (EAP / Seizure action Plan) in place to instruct staff of what to do if a seizure occurs.	1. An EAP/Seizure Action Plan signed by parents/guardians and physician will be in place and provided to the school nurse. Seizure action plan completed by a physician that states student's ability to participate in field trips, sports, other school activities with or without nursing supervision will be provided to the nurse. 2. Designated personnel will receive a copy of EAP/Seizure Action Plan.
Students will demonstrate appropriate safety measures to take prior to a seizure in order to prevent injury.	1. Educate students to get to a safe space when experiencing an aura, away from objects that may cause injury (stairs). 2. Educate students to notify a faculty member when they are experiencing an aura. 3. Educate students to sit/lie down on the floor when they are experiencing an aura.
Students and staff will receive proper education on first aid/safety measures and emergency medication administration and treatment for seizures.	1. Staff will be educated on signs/symptoms of a seizure. Faculty will be trained on seizure first aid care and EMS contact. 2. All staff will review and sign an acknowledgement of the Medical Concerns List provided by the nurse. 3. Parents/guardians will submit all emergency medications to the nurse's office in their original packaging and medications will not expire during the school year. Medications will be stored in the Health office. 4. Nurse will administer seizure emergency medications as prescribed by a physician.

Please provide any additional information regarding your student's allergies that you feel the school and nurse should be aware of.

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Student Name: _____

Healthcare Provider Name:_____ Phone number:_____

Parent/Guardian Name:_____ Phone number:_____

Parent/Guardian Name:_____ Phone number:_____

Parent/Guardian statement: *I/We have read this plan and agree to its implementation. I permit disclosure to all staff members who may be involved in the implementation of the plan and other appropriate staff.*

Parent Signature: _____ Date:_____

Nurse Signature: _____ Date:_____