Carbon Lehigh Intermediate Unit #21

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Carbon Lehigh Intermediate Unit #21 Seizure Protocol Please return completed form to Teacher or Fax to 610-769-1098

_DOB: _____

Current Teacher: _____ Emergency Contact: _____

- I. <u>Seizure Pattern</u> (Please describe what the child's seizure looks like.)
- II. Support & Response
 - A. By Classroom Staff:
 - 1) Contact School Nurse (Call 911 immediately if no nurse available in building and there are doctor recommendations below requiring medical personnel or medication administration);
 - 2) Stay with child;
 - 3) Protect & support airway as needed;
 - 4) Put nothing in mouth;
 - 5) Monitor breathing & reposition head as needed to maintain airway;
 - 6) Document seizure activity (date, time, duration).
 - 7) Other:
- III. Doctors Recommendations Call 911 after _____ minutes (Note: if the following recommendations cannot be implemented, 911 will be called immediately upon onset of the seizure):
 - A. Medication delivery if any (child specific):
 - B. For which type of seizure is diastat to be administered?
 - C. Oxygen delivery if any (child specific):
 - D. If the seizure lasts longer than _____ minutes the following procedure should be utilized:

Physician Signature

Date

Parent/Guardian Signature

Date

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."

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