



**SEIZURE MANAGEMENT**

<b>Name:</b>	<b>Date of Birth:</b>	<b>Year:</b>	
<ul style="list-style-type: none"> <li><b>Health condition – Seizures (please provide details of types)</b></li> <li><b>Date of first seizure:</b></li> </ul>			
<p><b>Medication for Seizure management – To be completed by parent/caregiver</b></p> <p>1. Does your child require medication to be administered at school?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          2. If yes, complete the table below. (NOTE: All medication must be provided by the parent/caregiver)          3. If no, proceed to emergency medication table and complete</p>			
<p><b>Instructions for administration of regular medication (Note: Medications to be provided by the parent/caregiver)</b></p>			
	Medication 1	Medication 2	Medication 3
Name of medication			
Expiry date			
Dose/frequency – may be as per the pharmacist's label			
Duration (dates)	From: To:	From: To:	From: To:
Route of administration			
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>
Are there any other precautions?			
<b>Seizure Management</b>			
Steps	Instructions		
Step 1	Remain calm Remain with the student		
Step 2	Remove furniture or objects that could cause harm – DO NOT restrain		
Step 3	Record the length of the seizure and what happens during the seizure		
Step 4	<b>Do not attempt to put anything into the child's mouth or between the teeth. (The exception may be the use of specified medications such as the buccal midazolam which may need to be administered in an emergency if indicated in Section 4)</b>		
Step 5	When the seizure ceases, gently roll the student on to his/her side (recovery position)		
<b>4. Emergency Management</b>			

# ST BERNADETTE'S CATHOLIC PRIMARY SCHOOL

**Call an ambulance if:**

- The seizure lasts more than 5 minutes
- Another seizure occurs immediately after the last
- The student sustains an injury
- If there is concern regarding the student's cardio-respiratory status
- In doubt/concerned

**ADMINISTRATION OF EMERGENCY MEDICATION**

	Medication 1	Medication 2
Name of medication		
Dose/frequency		
Route of administration		
Expiry date		
Any other specific instructions?		
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>

This Seizure management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent:	Medical Practitioner(if required):
Date:	Date:
Review date:	Correction Factor

**OFFICE USE ONLY**

Date received:	Date uploaded to SEQTA:
Is specific staff training required? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Type of training
Training service provider:	
Name of person's to be trained:	Date of training:

**When completed, add to student file.**