

NON-EPILEPTIC SEIZURE INDIVIDUAL HEALTH PLAN

STUDENT NAME _____ DOB _____ SCHOOL _____
GRADE _____ TEACHER _____ SCHOOL YEAR _____
PARENT/GUARDIAN _____ BEST CONTACT/PHONE NUMBER _____
PHYSICIAN _____ PHONE _____
SPECIALIST _____ PHONE _____

Warning Signs of a non-epileptic seizure may include the following:

- Staring spell or appearing dazed before full onset
- Stops responding to questions or participating in classroom activity suddenly
- Lowers self to the ground suddenly as they feel it coming on
- Appears to be asleep during an episode, not able to arouse them, snoring at time
- Jerking movements of body, limbs, and head during an event
- Eyes closed or partially open but not focused

Interventions:

1. Stay calm, speak to the student and let them know they are safe.
2. Help student to lie down, if necessary. Position them on their side.
3. Check time to determine when the episode started
4. Remove potentially harmful objects from the surrounding area, loosen any tight clothing from around the neck and remove eyeglasses. NEVER PUT ANYTHING IN THEIR MOUTH.
5. Have other students in the room removed to provide privacy for the student.
6. Call parent/guardian. Staff/teacher to remain with student following Basic Seizure First Aid Safety Measures.

911 should ONLY BE CALLED initially if injury has occurred or other safety concerns are present.

Parent/guardian will request if needed after they arrive.

Remember:

- Non-epileptic seizures often resemble epileptic seizures, but are not caused by abnormal electrical discharges in the brain. They are caused by periods of increased stress or emotions. They are a real condition that arises in response to stress and in no way are they fake.
- Good communication between home and school is needed so everyone is aware of any medication changes, changes in treatment, or periods of increased stress at home or school that could trigger an episode.
- All staff who work with the student directly during the day will be informed of the condition so they are able to respond appropriately during an episode.

- I give permission for my child, _____, to receive care for the medical condition listed above by designated school staff, following the steps detailed in this individual health plan.
- School nurse may share information regarding this condition with my child's doctor.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

SCHOOL NURSE SIGNATURE _____ DATE _____