



Child Seizure/ Health Plan

Child's Name _____ Date of Birth: _____

Center _____ Classroom Family Educator _____

Medial Provider _____ Phone Number _____

Parent's Name _____ Phone Number _____

<p>Care of child during a seizure</p> <p>A. When you first observe signs of a seizure :</p> <ol style="list-style-type: none"> 1. Prevent the child from hurting himself/ herself by removing hard objects from area. Do not restrain the child's arms or legs. 2. If the Child vomits, wipe mouth and nose to prevent choking. 3. Remove tight, restrictive clothing from the child's neck. 4. Stay with the child throughout the seizure, comfort the child, keep him/ her calm and quiet. 5. Do not give child anything to eat or drink. 6. Time the episode with a watch.

<p>Care of child after a seizure lasting _____ minutes.</p> <p>B. After seizure has stopped: Keep child calm. Call parents and notify of the seizure, have parents pick up child.</p> <p>_____</p> <p>(Special instructions from parents)</p> <p>Document on SOAP in child's file.</p>
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<p>Emergency</p> <p>C. An emergency exists if:</p> <ol style="list-style-type: none"> 1. The seizure lasts more than 20 minutes OR 2. The child has continuous seizures OR 3. The child remains unconscious after the seizure OR 4. The child stops breathing.
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<p>Emergency Plan for Seizure</p> <p>The classroom team will implement the following emergency plan: If the seizure lasts more than 20 minutes, has continuous seizures or stops breathing:</p> <p>Call 911 2) start CPR 3) Call Parent 4) stay with child at all times</p>
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In case of an emergency call:

_____, _____
(Parents) (phone number)

_____, _____
Nearest relative (phone number)

I agree with the above classroom Seizure / Health Plan

Parent/ Guardian signature Date

Classroom Family Educator Signature Date

Center Supervisor Signature Date

Nurse Signature Date

CSI Health Specialist Signature Date

Original to Health Specialist

1 Copy to Child's File

1 Copy to Emergency Book