

**KENT SCHOOL DISTRICT**

**Licensed Health Care Provider (LHCP) Seizure Medication Order and Special Nursing Care/Medical Treatment Procedure**

<b>Student Name:</b>		<b>Birthdate:</b>		<b>Grade</b>	
<b>School:</b>		<b>Student #:</b>		<b>Bus Route:</b>	
<b>Emergency Contact Numbers</b>	<b>Home:</b>	<b>Cell:</b>		<b>Work:</b>	
	<b>Email:</b>	<b>Second contact:</b>			
<b>Medication kept in:</b>	<input type="checkbox"/> Health room		<input type="checkbox"/> Other:		

**To be completed by LHCP and Parent/Guardian**

Name of Medication	Dosage	Method of Administration	Time of Day to be taken:
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Anticipated action of medication: \_\_\_\_\_

Possible side effects, precautions, adverse reactions and interventions: \_\_\_\_\_

Special equipment or environment recommended: \_\_\_\_\_

Special Instructions Following a Seizure: \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

**Type of Seizure:** \_\_\_\_\_

**Pre-Seizure behaviors/signs (aura):** \_\_\_\_\_

**Average Frequency of Seizures:**  Daily  Weekly  Monthly  Yearly  Other: \_\_\_\_\_

**Average length of Seizures:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Hospital of Choice:** \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication/procedure in accordance with the instructions indicated above for the period as there exists a **valid health reason which makes administration of the medication advisable during school hours** or during such time that the student is under the supervision of school officials. Such medication may only be administered by licensed school personnel. **I understand that licensed personnel are not always available and that the medication/procedure may not be executed within the time ordered. If licensed personnel are unavailable, 911 will be called with a request for ALS made.** I have read the medication policy and procedures outlined on the back of this form. Also, the School Nurse may contact the prescriber regarding questions related to this medication/special instruction order.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Licensed Health Care Provider's signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name (Printed or stamped)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Address

Duration of order:  current school year ending August 30<sup>th</sup>  Other: \_\_\_\_\_

My child  will  will not (please mark appropriate spot with X) participate in KSD sponsored before or after school sports/activities during the school year. If this changes it is my responsibility as the parent/guardian to contact the health room.

List sports/activities: \_\_\_\_\_

- I understand that service will not be started until these orders are on file in my child's school and adequate training of Staff has been completed by the school nurse. Students with certain life-threatening health conditions that need accommodations to attend school, and do not receive Special Education services, may meet the requirements for Section 504 of the Rehabilitation Act of 1973.
- As parent/guardian of the above-named child, I agree to hold Kent School District No. 415 harmless from any liabilities that may incur from the above-named minor in connection with the above-described service except as might arise because of negligence on the part of Kent School District No. 415 or its employees.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Parent/Legal guardian's signature

\_\_\_\_\_  
e-mail address

**KENT SCHOOL DISTRICT**  
**SPECIAL NURSING CARE/MEDICAL TREATMENT/MEDICATION PROCEDURE**

Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.

**PROCEDURES**

**8.0 Special Nursing Care/Medical Treatment Procedures**

All requests for performance/supervision of nursing care or medical treatment not usually considered functions performed by school personnel are to be evaluated by the school nurse on an individual basis. (Policy 3410 and 3410P).

- 8.1 The parent/guardian requests in writing the service desired and includes a release of liability statement. (HS-37-02)
- 8.2 A licensed health care provider must recommend in writing the specific service needed in order for the student to attend school. The health care provider agrees to notify the school nurse of any change in medical status of the student during the school year. Upon request, the school will provide the health care provider with periodic reports of the student's progress regarding the specific procedures. (HS-37-02)
- 8.3 The school nurse will review the above request and if appropriate, develop an individual health care plan for the student. Recommendations such as training needs and other safety issues will be determined by the school nurse. Refer to "Procedure for delegation and supervision of unlicensed personnel" in Health Services Nurse Manual.
- 8.4 The school nurse will notify the building administrator of the request(s) and the recommendation(s) for care as established by district nursing service guidelines.
- 8.5 The building administrator and school nurse will determine which unlicensed staff, in accordance with the Washington State Nurse Practice Act (WAC 246-839-700), will be designated to provide care.
- 8.6 Necessary training and/or instruction of individual(s) designated to perform the service will be determined and coordinated by the school nurse. Documentation of training and supervision will be maintained.
- 8.7 The building administrator and school nurse will establish that there is adequate and appropriate space for performing the service.
- 8.8 The parent/guardian will provide adequate/necessary supplies and equipment in order for the school to perform the service.
- 8.9 Written records will be maintained which will include the service provided, when, and by whom.
- 8.10 Each request accepted will be reviewed every three months by the school nurse.
- 8.11 The school nurse will document and report to the building administrator, any unsafe or incompetent performance of health care by an unlicensed staff. Recommendations for remediation and procedural changes will be included in this report.  
All arrangements for care and supervision must be in place before the School District will assume responsibility for providing the requested services.

**Medication Procedures**

**Washington State law permits school staff to administer medication only in limited situations.** When possible, the parents and physician are urged to design a schedule for **giving medication outside school hours.** Medication is defined to mean all drugs, whether prescription or "over the counter".

**Prior to administration of any medication, the following requirements must be met:**

1. **Parent/legal guardian note** must be on file giving name of medication, dosage, time, dates to be given, student name.
2. **Licensed Health Care Provider's (LHCP) note** for each medication must be on file that there exists a valid health reason which makes administration of such medication advisable during school hours or when a student is under the supervision of school officials. The LHCP's note must also indicate name of medication, dosage, time, and dates to be given, possible side effects, LHCP's signature. This request is valid for a period not to exceed current school year (HS37-02).
3. All medication must be in the **originally labeled container** and be labeled with student's name. This pertains to oral medications (pills, liquids, inhalers).
4. A responsible adult delivers the medication to the school. All medications will be counted upon receipt and recorded on back of medication recording form. **If this is a new medication for the student, the first dose must be given at home prior to bringing the medication to school.**
5. There are situations where the parent or physician or principal **and** school nurse believe it is in the best interest of the student that he or she carry and self-administer the medication. In these cases, the student shall be permitted to carry and self-administer the medication. Only one day's dosage (in originally labeled container) shall be carried by the student. The original LHCP and parent authorization will be kept in the health room. The parent recognizes and acknowledges the liability for lost, stolen, and/or shared medication.

Signature

Title/Relationship

School Nurse

6. If requirements 1, 2, and 3 are not met and parents want the child to have the medication, the parent may come to school and administer the medication.
7. In most cases, it will be the child's responsibility to come to the office at the appropriate time for medication. The parent may put a note in the lunch box to remind the child to take the medication. On scheduled early dismissal days, when lunch is served, "lunch time" or "noon" medications will be dispensed unless requested otherwise by Parent.
8. The nurse must be consulted prior to bringing any injectable medications to school and additional forms must be completed: HS-037-02, Request for Special Nursing Care/Medical Treatment Procedures. The physician's instructions should outline symptoms and when to give the injection.

**Report from Parents Regarding the History of Diastat/Midazolam Administration**

How often has the child received Diastat/Midazolam to stop the seizure? \_\_\_\_\_

When Diastat/Midazolam is given, how long does it take to stop the seizure? \_\_\_\_\_

Has 911 ever been called for this child's seizure disorder since starting Diastat/Midazolam? \_\_\_\_\_

What were the circumstances? \_\_\_\_\_

When should the Diastat/Midazolam be given? (This must be consistent with the prescribing doctor's order)

If your child has a seizure, do you want 911 called? \_\_\_\_\_

When do you want 911 called (example: as soon as seizure starts? after so many minutes? before Diastat/Midazolam is given?, after Diastat/Midazolam is given?) \_\_\_\_\_

If and when 911 is called, do you always want them to transport? \_\_\_\_\_

In the past, when Diastat/Midazolam was given, were there any problems with your child's breathing?

Has your child's weight changed significantly since the last time Diastat/Midazolam was given?

If Diastat/Midazolam is given at school, the parent should **ALWAYS** be called to take the child home. The child will be sleepy from the post-ictal state as well as drowsy from the medication.

The parent is **responsible for keeping the school informed of any changes that may precipitate a seizure.** (Examples: weight changes, illnesses, medication changes), it is extremely important that the school be kept up to date on any changes with your child's condition.

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Parent signature

Date

## Seizure Action Plan- *Confidential*

Student:		Birthdate:		ID #:	
School:		Grade:			
Teacher:		Bus:			
Parent:		Home/Work:			
Cell:		Email:			
Additional Contact:		Phone:			
PDA – if applicable		Phone:			
Seizure Type:		Preferred Hospital:			
Daily Medication:					

CALL 911 IF:	
<ul style="list-style-type: none"> <li>Seizure does not stop by itself</li> <li>Seizure does not stop within ___ minutes</li> <li>Student does not start waking up within ___ minutes after seizure is over</li> </ul>	<ul style="list-style-type: none"> <li>Another seizure starts immediately after the first seizure</li> <li>Bluish color to lips AFTER seizure ends</li> <li>Prolonged loss of consciousness</li> <li>Stops breathing (START RESCUE BREATHING/CPR)</li> </ul>

### TYPES OF SEIZURES

Tonic Clonic	Absence	Psychomotor
Muscle tense, body rigid, followed by a temporary loss of consciousness and violent shaking of entire body.  Comments:	Staring spells. May drop an object they are holding or may stumble momentarily.  Comments:	Some degree of impairment of consciousness- may have automatic movements like lip smacking, roaming, and non-goal-oriented activities.  Comments:

If You See This:	Do This: <i>Adult stays with student at all times</i>
<p><b>Non-Convulsive Type Seizure</b> Also known as: ABSENCE &amp; PSYCHOMOTOR</p> <p><b>SYMPTOMS MAY INCLUDE:</b></p> <ul style="list-style-type: none"> <li>Exhibit Glassy Eyed Stare</li> <li>Lethargic, responds slowly</li> <li>Stand or walk aimlessly at random</li> <li>Make lip smacking or chewing motions</li> <li>Appear under the influence or confused</li> <li>Nauseated</li> <li>Collapse-be prepared to lower to ground</li> </ul>	<ol style="list-style-type: none"> <li>1. Time seizure and monitor student closely.</li> <li>2. <b>Notify Nurse at _____ and Parent/Guardian _____</b></li> <li>3. Talk calmly and quietly. Do not try to stop or restrain the student: guiding them from behind may help direct them. Try to remove harmful objects from the person's pathway or coax/guide the student away from them.</li> <li>4. No first aid is needed if no injury.</li> <li>5. When alone, do not approach the student who appears angry or aggressive – monitor and stay with them if possible</li> <li>6. After seizure, calmly re-orient student to their surroundings. Do not leave them alone as they may be confused or disoriented until they are fully alert</li> <li>7. Allow/provide rest after seizure</li> <li>8. After seizure, record seizure activity on Seizure Observation Log.</li> </ol>
<p><b>Convulsive Type Seizure</b> Also known as: Tonic Clonic or Grand Mal</p> <p><b>Student May:</b></p> <ul style="list-style-type: none"> <li>Fall</li> <li>Stiffen</li> <li>Have jerking movements and fall</li> </ul> <p><b>Student may become:</b></p> <ul style="list-style-type: none"> <li>Incontinent</li> <li>Unresponsive</li> <li>Have labored breathing with increased secretions in mouth</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>BEGIN TIMING SEIZURE ACTIVITY – REMEMBER TO STAY CALM</b></li> <li>2. <b>NOTIFY NURSE/TRAINED STAFF/PDA TO ADMINISTER EMERGENCY MEDICATION IF PRESCRIBED – CALL _____ FOR ASSISTANCE</b></li> <li>3. <b>DO NOT RESTRAIN THE STUDENT:</b> There is nothing you can do to stop a seizure once it has begun, it must run its course.</li> <li>4. <b>EASE THE STUDENT TO THE FLOOR IF POSSIBLE TO AVOID A FALL.</b></li> <li>5. <b>CLEAR THE AREA AROUND THE STUDENT:</b> This will help prevent injury on hard, sharp, or hot objects. You may loosen clothing around the neck and place something soft under the child's head for comfort/protection.</li> <li>6. <b>DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.</b></li> <li>7. <b>IF THE STUDENT APPEARS TO BE CHOKING/VOMITING OR WHEN THE SEIZURE IS OVER POSITION STUDENT ON HIS/HER LEFT SIDE:</b> This will maintain the student's airway and allow saliva/vomit to drain.</li> <li>8. <b>TALK TO STUDENT CALMLY THROUGH A SEIZURE:</b> "You're doing very well", "You're going to be OK".</li> <li>9. <b>CALL PARENTS AND INFORM THEM OF SEIZURE ACTIVITY.</b></li> <li>10. <b>ALLOW /PROVIDE REST AFTER SEIZURE</b></li> <li>11. <b>DOCUMENT SEIZURE ACTIVITY ON SEIZURE LOG.</b></li> </ol>

Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This Emergency Action Plan (EAP)/IHP will be distributed to those school staff "who need to know". (school nurse to circle all that apply) Distribution may occur electronically. Parent Teacher/Sub file Office Librarian Counselor Student Services Transportation Principal Other: \_\_\_\_\_  
Kent School District Nursing Services 7/2022

## What School Personnel should know about Seizure Disorders:

**Background information:** A seizure is a brief episode of disorderly electrical activity in the brain, which affects its normal functions and produces changes in a person's movement, behavior or consciousness. The kind of seizure a person has depends on how much of the brain is affected.

### Types of Seizures:

#### Generalized Seizures:

- **Generalized Tonic Clonic Seizures (Grand Mal):** Muscles become tense, the body becomes rigid, followed by a temporary loss of consciousness and violent shaking of all or part of the body. Bowel and bladder control may be lost. Breathing may become difficult and saliva may run from the mouth. The seizure usually lasts 2-5 minutes. While it looks dramatic, this type of seizure is rarely a medical emergency.
- **Myoclonic Seizure** is sudden, brief, massive muscle jerks that may involve the whole body or parts of the body. May cause the person to spill what they were holding or fall off a chair.
- **Atonic Seizure (Drop Attacks)** A sudden collapse or fall. After 10 seconds to a minute the person recovers, regains consciousness, stands and walks.
- **Absence Seizure (Petit Mal):** rapid blinking and staring spell, daydreaming, chewing movement of the mouth. Usually lasts less than one minute but the student may have them repeatedly. They are unaware of what is going on during the seizure, but quickly returns to full awareness once it has stopped.

#### Partial Seizures:

- **Simple Partial** affects the senses, feelings, emotions and movement. Things may look bigger or smaller; there may be hallucinations of sight or sound. People can feel unexplained pain, or fear, or anger. May have nausea, experience odd smells and have a generally "funny" feeling in the stomach. A hand or leg may shake. Jerking may begin in one area of body, arm, leg or face. Can't be stopped, but they are awake and aware.
- **Complex Partial (Psychomotor/Temporal Lobe):** May start like a simple partial seizure, but progress to cause loss of awareness and automatic movements that look like a trance-like state. Automatic movements can take almost any form, but are **not under conscious control**. The seizure lasts only a minute or two, but confusion afterwards may last much longer. Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. May run, appear afraid. May struggle or flail at restraints. Do not approach the student who appears to be angry or aggressive. Moving around aimlessly with purposeless behavior such as smacking lips, twisting hair, chewing motions, swallowing. Once pattern is established, same set of actions usually occur with each seizure.