



Seizure Care Plan

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

A seizure care plan defines all members of the team, communication guidelines (how, when, and how often) and all information necessary to support a child who may experience seizures while in child care.

Name of child: _____ **Date:** _____

Facility name: _____

Description of seizure condition/disorder: _____

Describe what the child’s seizures look like: (What part of the body is affected? How long do seizure episodes usually last?)

Describe any known “triggers” (behaviors and/or symptoms) **for seizure activity:** _____

Detail the frequency and duration of child’s typical seizure activity:

Has the child been treated in the emergency room due to their seizures? _____ How many times? _____

Has the child stayed overnight in the hospital due to their seizures? _____ How many times? _____

Team Member Names and Titles: (parents of the child are to be included)

Care Coordinator (responsible for developing and administering the Special Health Care Plan): _____

If training is necessary, then all team members will be trained.

Planned strategies to support the child’s needs and safety issues when the child has a seizure:

(e.g., diapering/toileting, outdoor play, nap/sleeping, etc) _____

Individualized Family Service Plan (IFSP) attached Individualized Education Plan (IEP) attached

Problem	Treatment	Expected Response
At risk for injury due to uncontrolled seizure activity.	If a seizure occurs, staff will remove objects from the area and place a folded towel/clothing beneath the child’s head. Protective helmet is worn as prescribed.	Injuries related to seizure activity will be prevented.
At risk for aspiration of respiratory secretions or vomitus during seizure.	If a seizure occurs, staff will roll the child onto his/her side.	Child will not aspirate during seizure activity.
Self-esteem disturbance related to occurrence of seizure or use of protective helmet.	Provide many opportunities for success. Praise achievements and accomplishments. Provide opportunities for child to express feelings about seizures and any activity restrictions. Reassure the other children in the group that the child will be OK if a seizure occurs.	The child will successfully adapt to requirements of living with a seizure disorder. The child will demonstrate a positive attitude toward learning activities. Other children will feel safe.
Parent and child may not be aware of possible triggers.	Staff will document the occurrence of any seizure activity on attached Seizure Activity Log.	Parents, staff and the child will learn to identify triggers and how to avoid them.
Child may be very sleepy, but not unresponsive after a seizure occurs.	Staff will make sure that the child is responsive after a seizure, then will allow the child to sleep/rest after the seizure.	The child may safely sleep/rest, if needed, after seizure occurs.

Communication

How the team will communicate (notes, communication log, phone calls, meetings, etc.): _____

How often will team communication occur: Daily Weekly Monthly Bi-monthly Other

Date and time specifics: _____

Outside Professionals Involved

Telephone

Health Care Provider (MD, NP, etc.) : _____

Occupational Therapist: _____

Physical Therapist: _____

Neurology Speciality _____

Other: _____

Specific Medical Information

- Medical documentation provided and attached: Yes No
- Information Exchange Form completed by health care provider is in child's file on site: Yes No
- Any known allergies to foods and/or medications: _____
- Medication to be administered: Yes No
- Medication Administration Form completed by health care provider and parents are in child's file on site (including: type of medications, method, amount, time schedule, potential side effects, etc.) Yes No

Special Staff Training Needs

Type (be specific): _____

Training done by: _____ Date of Training: _____

Additional Information (include any unusual episodes/behavior changes that might arise while in care and how the situation should be handled)

Support Programs the Child Is Involved with Outside of Child Care

Name of Program: _____

Address and Telephone: _____

Contact Person: _____

Emergency Procedures

Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: _____

Call 911 if : Seizure lasts longer than _____ minutes If child is unresponsive after seizure

Other _____

Emergency contact: _____ Telephone: _____

Follow-up: Updates/Revisions

This Special Health Care Plan is to be updated/revised whenever child's health status changes or at least every _____ months as a result of the collective input from team members.

Due date for revision and team meeting: _____