

SCHOOL HEALTH MANAGEMENT

**Individual Health Protocol (IHP):** IHP's serve students who are Medically Complex, Medically Fragile or Medically Dependent students and include *individualized procedures* for students that deviate from standard first aid. These protocols are developed in collaboration with family and provider and require specially trained designated care givers.

**Individual Care Plan (ICP):** ICP's serve students with chronic health conditions that do not require interventions that deviate from standard first aid. These resources for chronic conditions that include information regarding diagnoses that parents have reported that are chronic and that provide easy access to *standard procedures* relative to student conditions.

Student Name:		DOB	
RN Case Manager:			
<input type="checkbox"/> IEP Case Manager:		<input type="checkbox"/> 504 Case Manager/Counselor:	
STUDENT CONDITIONS: Generalized Seizure Disorder with VNS			

INCLUDED:

- Seizure Action Plan
- Individual Procedure(s)
- Emergency Action Plan
- Notification of Health Status
- Student Acuity Assignment
- Self-Medication Contract

ON FILE:

- Acuity Assessment
- Nursing Delegations
- Delegation Assignment
- 504 Accommodations
- Authorization to Exchange Information
- Medical Statement
- MD Orders
- Authorization for Specialized Care



RN: \_\_\_\_\_

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

This plan is good for one year unless health status or MD orders change



<b>Student</b>		<b>DOB</b>	
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**ACUITY CLASSIFICATION**

<b>Acuity</b>	<b>Description</b>
<input type="checkbox"/> Nursing Dependent Level V	Requires 1:1 skilled nursing assessment and care 24 hours/day.
<input type="checkbox"/> Medically Fragile Level IV	Faces daily possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse; full-time nurse in the building.
<input type="checkbox"/> Medically Complex Level III	Has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments or close monitoring by a professional RN.
<input type="checkbox"/> Chronically III Level II	Physical/Social Emotional condition(s) that is currently uncomplicated and predictable
<input type="checkbox"/> General Student Level I	Has intermittent acute illness/injury events and normal growth/development.

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Nurses Signature Date of Initial Assignment

(Date and Initial):

Review:	Review	Review
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SEIZURE ACTION PLAN

Student Name:

DOB:

Date of Plan:

Review Date:

Review Date:

Written By:

Reviewed by:

Reviewed by:

D/C date

D/C Initials

Type of Seizure Disorder : Generalized Seizures  <input type="checkbox"/> Student does not require individual interventions that deviate from standard first aid response.  <input type="checkbox"/> Student requires individualized emergency response to seizures, per MD: <input type="checkbox"/> Diastat ( Diazepam) <input type="checkbox"/> Versed (Midazolam) <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Vagus Nerve Stimulator (VNS)  <b>Caregivers:</b>  <input type="checkbox"/> Student requires designated care.  <input type="checkbox"/> All teachers have been trained in seizure response and VNS magnets	If student exhibits signs and symptoms of seizures: <input type="checkbox"/> Refer to <i>Standard Seizure Protocol</i> <input type="checkbox"/> Refer to <i>First Aid Guidelines for Seizures</i> <input type="checkbox"/> Refer to <i>Procedure for Responding to Seizures</i> <input type="checkbox"/> Refer to <i>Procedure for Administration Rectal Diastat</i> <input type="checkbox"/> Refer to <i>Procedure for Administration of Intranasal Versed</i> <input type="checkbox"/> Refer to <i>Procedure for Administration of Buccal Versed</i> <input type="checkbox"/> Refer to <i>Procedure for Administration of Sublingual Medication</i> <input type="checkbox"/> Refer to <i>Procedure for Vagus Nerve Stimulator</i>  Designated Caregivers include: _____ _____
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NURSING DIAGNOSES	GOALS	INTERVENTIONS	OUTCOMES
<i>Risk for ineffective airway clearance and risk for ineffective breathing pattern related to neuromuscular impairment secondary to seizure.</i>  <i>Risk for physiological injury related to seizure.</i>  <i>At risk for self-esteem deficit r/t frequent school day seizures</i>  <i>Risk for self-esteem disturbance related to chronic health condition</i>  <i>Risk for altered role performance related to health maintenance</i>	<b>CARE PLAN:</b> Student will have adequate seizure management in the school setting with assistance as indicated.  Support positive school attendance through seizure management and intervention.  <b>STUDENT:</b>  <b>Student will receive intervention and support during seizure and appropriate emergency response as needed.</b>  <b>Student will have positive school attendance</b>	Consult with parent, student, and healthcare provider to develop emergency procedures.  Share procedures with school staff including training and education related to seizures.  Instruct and reinforce skills as needed.  Arrange for medication or magnets at school as appropriate and in accordance with policy and procedure  <u>MONITOR:</u> <ul style="list-style-type: none"> <li>Changes in seizure activity</li> <li>Type and duration of seizures</li> <li>Emergency Interventions</li> </ul>	Student will have adequate seizure management in the school setting.  Student will have adequate staff support and progress positively toward self-management. Student will gain increasing knowledge of health maintenance.  Student will demonstrate progressive adaption to chronic health condition.  Student will have minimal educational disruptions in relationship to chronic health issues and have positive school attendance supported



<b>Student Name</b>		<b>DOB</b>		<b>Date</b>	
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**Notification of Student’s Health Status  
Seizure Disorder**

This student in your class has a health problem identified by his/her parent. This student has a seizure disorder.

If you observe seizure activity (generalized body jerking, blank staring, and purposeless/repetitive actions),

1. Attempt to assist student to floor, move items that are hazardous to prevent student from injury.
2. Loosen clothing at neck and remove glasses
3. Redirect other students if possible
4. Attempt to position student on his left side
5. DO NOT RESTRAIN STUDENT OR ATTEMPT TO PLACE ANYTHING IN THE MOUTH
6. Try to protect students head and face
7. Call the office and ask for the nurse or first aid provider in your building to come to the student’s location.
8. ALWAYS ATTEMPT TO TIME THE LENGTH OF THE SEIZURE

This student also has a vagus nerve stimulator. Student will carry a magnet on his backpack and one magnet will be located in each classroom.

Please advise all substitute teachers and classroom assistants of this student’s potential health need. Consult with the school nurse at least one week prior to all field trips to plan for this student’s special health needs.

If you have questions regarding this, please ask me for further information. **Please remember to treat this information with strict confidentiality** as students are concerned with how others perceive them. Confidential medical information is protected by law.

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Nurse’s Signature

cc: Principal  
Teachers

Campus Monitor  
Secretary

## SEIZURE DISORDERS

Seizure is the physical findings or changes in behavior that occur after an episode of abnormal electrical activity in the brain. The term "seizure" is often used interchangeably with "convulsion." Convulsions occur when a person's body shakes rapidly and uncontrollably. During convulsions, the person's muscles contract and relax repeatedly. There are many different types of seizures. Some have severe shaking and jerking, while some display mild symptoms without shaking.

There are two basic categories of seizures:

- **Epileptic:** These seizures have no apparent cause (or trigger) and occur repeatedly. These seizures are called a seizure disorder or epilepsy.
  - There are many different types of epileptic seizures ranging in symptoms from blank staring periods, mild involuntary movement, to rigid bodies or severe falling and jerking.
- **Nonepileptic:** These seizures are triggered (provoked) by a disorder or another condition that irritates the brain. Such as fevers in small children, low blood sugar, electrolyte or chemical imbalances or cardiac issues.

Certain mental disorders can cause symptoms that resemble seizures, called psychogenic nonepileptic seizures.

Seizures may be preceded by an aura (warning signs) that it is going to occur, or may occur suddenly. Additionally some people recover quickly, others have a longer recovery phase where they may feel unwell, sleepy or not be readily alert.

Individuals with anti-seizure medications or VNS's have epileptic seizures.

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Epilepsy Association of Central Florida. (n.d.). Epilepsy 101. Retrieved from <http://epilepsyu.com/groups/eacf/courseware/lecture/epilepsy-101/>

Merck Manual. (n.d.). Seizure Disorders - Brain, Spinal Cord, and Nerve Disorders - Merck Manuals Consumer Version. Retrieved from <https://www.merckmanuals.com/home/brain,-spinal-cord,-and-nerve-disorders/seizure-disorders/seizure-disorders>

## VAGUS NERVE STIMULATOR

Vagus Nerve Stimulator (VNS) is indicated for use as an adjunctive therapy in the treatment of seizures that are refractory to anti-epileptic medications. A VNS is surgically implanted under the skin in the upper left chest. Regular electrical stimulation is delivered through an electrode probe that wraps around the vagus nerve in the neck. Discharges are programmed at a pre-set time, duration and voltage and adjusted by a physician according to the individual's seizure pattern.

Adverse events that may occur are listed below. Most adverse events are associated with the ON periods of stimulation and can often be abated or decreased by lowering the electrical output settings on the VNS. These symptoms are usually most common after initial placement or initial increased in voltage.

Image:

[www.bretthasepilepsy.com](http://www.bretthasepilepsy.com)



- Ataxia (involuntary muscle control)
- Infection
- Paresthesia (tingling, numbness)
- Dyspepsia (Indigestion)
- Insomnia
- Pain
- Hiccups
- Ear pain
- Tinnitus (ringing in the ears)

- Pharyngitis (inflammation of the pharynx)
- Dyspnea (shortness of breath)
- Laryngismus (spasms in the larynx)
- Voice alteration
- Hypesthesia (decreased sensitivity to stimuli)
- Nausea
- Vomiting
- Increased coughing
- Dysphagia (difficulty swallowing)

## MAGNETS



The VNS magnet is specifically designed for use at onset of seizure activity to interrupt or lessen the severity of a seizure by triggering the VNS to deliver an extra stimulation at a higher voltage between pre-set time cycles. Commercial magnets will not be effective. Parent/care provider is responsible for providing the specifically designed magnet. The school nurse and parent/care provider should always be notified when the magnet is used. When the magnet is held or taped over the VNS implanted area continuously it will turn the VNS completely off. This is often used when the person wants to avoid voice changes, hoarseness, hiccupping, etc. for example when speaking in public or singing, etc.

Additional information is available at: <http://www.livanova.cyberonics.com/>



Student:		DOB:
Procedure Written on:		
By:		
Reviewed on:	Reviewed on:	
By:	By:	
Reviewed on:	Reviewed on:	
By:	By:	

## PROCEDURE FOR RESPONDING TO SEIZURES

**Generalized Seizure:**

**If student falling, jerking, and/or stiff and rigid limbs:**

1. Assist the student to the floor; turn to side (preferably left side).
2. TIME THE LENGTH OF THE SEIZURE
3. Remove objects and clear furniture which may cause injury.
4. Loosen restrictive clothing and remove eyeglasses.
5. Place padding under head.
6. Delegate an adult to remove other students from the area.
7. Allow seizure to run its course.
  - DO NOT restrain the student.
  - DO NOT insert anything into the student’s mouth.
  - DO NOT try to stop purposeless behavior
8. Remain calm. Speak quietly and calmly to student and offer reassurance.

- Administer emergency medication, if ordered:
  - Refer to *Procedure for Administration of Rectal Diastat*
  - Refer to *Procedure for Administration of Intranasal Versed*
  - Refer to *Procedure for Administration of Buccal Versed*
  - Refer to *Procedure for Administration of Sublingual \_\_\_\_\_*
- Swipe Vagus Nerve Stimulator magnet, if ordered:
  - Refer to *Procedure for Vagus Nerve Stimulator*

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**Complex Partial Seizures or Absence Seizures:**

**If student exhibits behavior outburst, lip smacking, head jerking, repetitive behaviors, and/or brief period of staring:**

1. Time the length of the seizure
2. Assist the student to comfortable position.
3. Speak quietly and calmly and offer reassurance.
4. Reassure the other students in the area. Do not refer to the student as “having a spell”.
5. DO NOT restrain student. Avoid touching student unless his/her safety is compromised.
6. If student is acting angry or aggressive, stay back from student.

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**If student exhibits any of the following, then an emergency response is required:**

- Absent breathing and/or pulse
  - Seizure lasts more than 5 minutes
  - 2 or more seizures without full recovery of consciousness between seizures
  - Continued unusual paleness or bluish skin/lips
  - Noisy breathing after seizure has stopped
  - Significant injury sustained during the seizure, especially to head or neck
  - Seizure occurs in the pool/water.
1. Delegate call to EMS/9-1-1 immediately.
  2. Delegate call to school nurse and parent.
  3. Start CPR for absent breathing or pulse.

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**When a seizure is complete:**

1. Reorient and reassure the student. Allow student to change into clean clothing if necessary. Allow student to sleep and rest as desired.
2. A student recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours. The student is not responsible for his/her behavior during this period.
3. Inform parent immediately of seizure via telephone if not previously notified.
4. Ensure nurse is notified of incident.
5. Complete required documentation

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Bringing epilepsy out of the shadows. (2008). *British Journal of School Nursing*, 3 (3), 114-3.

Intractable Childhood Epilepsy. (2016). Emergency Administration of Rescue Medications | Ice Epilepsy Alliance. Retrieved from <http://www.ice-epilepsy.org/emergency-administration-of-rescue-medications.html>

Knox County Schools. (2012). *Seizure Disorder Protocol*. Retrieved from <http://kcs2.knox.k12tn.net/kcsforms/AD/AD-H-365.pdf>



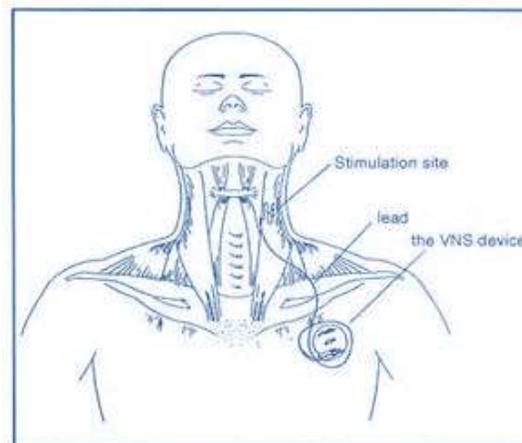
Student:		DOB:	
Procedure Written on:			
By:			
Reviewed on:		Reviewed on:	
By:		By:	
Reviewed on:		Reviewed on:	
By:		By:	

## PROCEDURE FOR VAGUS NERVE STIMULATOR

1. Student's magnet(s) located:
  - With student
  - With Teacher(s)
  - In office
  - Other: \_\_\_\_\_
  
2. If the student feels an onset of a seizure he may swipe the magnet himself. If the student exhibits seizure activity, designated staff will swipe on his behalf

### Instruction for How to Use the Magnet

1. Place the magnet over the VNS device located on the upper left side of chest towards the scapula. You can often see a raised area where the device is placed.
2. Hover the magnet over the device for the count of 1-3 seconds (1-1000, 2-1000, 3-1000) then remove.
3. The magnet should be passed again after 60 seconds.
4. This can be repeated up to 3 times.



If the seizure continues beyond the 3rd swipe or the seizure has lasted longer than 5 minutes

1. Call EMS
2. Monitor airway and pulse
  - Initiate CPR for absent breathing or pulse

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Epilepsy Foundation. (2016). Using VNS Magnet. Retrieved from <http://www.epilepsy.com/get-help/seizure-first-aid/using-vns-magnet>

Multnomah Education Service District. (2016). *Procedure for Vagus Nerve Stimulator*

Image: Epilepsy.net