

### ICS Seizure Management Plan

**Attach photo here**

<b>Students Name</b>	<b>Admissions Number</b>	<b>Date of Birth</b>
<b>Wears medical ID (delete as appropriate)</b> Yes/No	<b>Allergies:</b>	
<b>Parent/Guardian Name</b>	<b>Mobile Number</b>	<b>Relationship</b>
<b>Parent/Guardian Name</b>	<b>Mobile Number</b>	<b>Relationship</b>
<b>Emergency Contact</b>	<b>Mobile Number</b>	<b>Relationship</b>
<b>Medical Contact Name</b>	<b>Telephone</b>	<b>Facility</b>
<b>Age Diagnosed</b>	<b>Permission to discuss with education staff: Yes/No</b>	
<b>Description of seizure</b> (type, frequency, triggers and warning signs)		
Does _____ understand?		
<b>Anti-seizure treatments and emergency mediation</b>		
<b>What constitutes and emergency?</b> (agreed protocol for when to call 998)		
<b>Daily care needs</b> (educational activities, computer use, sport restrictions, break time arrangements, psychological impact)		
<b>Educational staff training requirements</b>		
<b>School held medication/information</b> (please attach doctor's prescription and medical report)		
Parents need to provide prescribed medication to the school clinic. No student should be carrying medication without the prior knowledge of the school nurse. Any emergency medication required will be stored in the <b>Clinic</b> in an accessible place to be used in emergencies only. It is parents' responsibility to update the school nurse with any medical details and healthcare requirements during the school year.		

**Should \_\_\_\_\_ suffer a seizure with no school nurse present, I give permission for any of the adults working with them to administer the prescribed emergency medication if necessary. This will be done in their capacity as a responsible adult rather than a qualified medical practitioner. First aiders will have been given instruction by the school nurse prior to any trip/activities. I agree that the school and its employees shall not be liable for any claims that I may have arising from the administration of this medicine to my child at school or on trips/activities.**

<b>Parents Full Name</b> (please print)	<b>Parents Signature</b>	<b>Date</b>
<b>Nurses Full Name</b> (please print)	<b>Nurses Signature</b>	<b>Date</b>

ICS aims to support students participation in all school activities and to become a self-caring individual as age appropriate. Individual care plans need to be renewed annually or as advised by the treating doctor. Please contact us directly with any concerns.

### Emergency Action

Parents full name (please print)	Parents signature	Date
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Do	Don't
<ul style="list-style-type: none"> <li>Note time of seizure</li> <li>Inform school nurse/first aider</li> <li>Calmly clear area of pupils</li> <li>Move items away from student if lying on floor and having a _____ seizure</li> <li>If able, place something soft under head to prevent injury</li> <li>If vomits, turn onto side and wipe excess saliva from mouth</li> <li>If loss of bladder/bowel control, cover to maintain dignity</li> <li>Put into recovery position when seizure stops</li> <li>Notify parent/carer</li> <li>Stay with student until recovery is complete</li> <li>Keep calm and reassure student</li> <li>Explain anything they have missed</li> <li><b>Call 998 if emergency situation</b> (as outlined by parents)</li> </ul>	<ul style="list-style-type: none"> <li>Restrain the student</li> <li>Give the person anything to eat or drink until fully recovered</li> <li>Attempt to bring them round</li> <li>Put anything into student's mouth</li> <li>Try to move the student unless they are in danger</li> </ul>



<b>Administration of prescribed emergency medication (Buccal midazolam* - Epistatus)</b>
<p><b>*Please note this is a controlled drug within the UAE and should not be carried without a UAE approved prescription</b></p>
<ul style="list-style-type: none"> <li><b>Administer if seizure lasts longer than _____ minutes as prescribed and directed by physician</b></li> <li>Put on protective gloves</li> <li>Draw up medication with 1 ml syringe</li> <li>If possible, roll student onto their back</li> <li>Insert syringe between <b>lower gum and side of cheek (buccal cavity)</b></li> <li>Squeeze half the amount into one side and then half into the other side</li> <li>If unable to place on back, syringe full amount into one side only</li> <li>Hold lips together for 30 seconds</li> <li>Rub cheek/s to aid absorption</li> <li>Note time of administration of buccal midazolam</li> </ul>

<p><b>Additional Information</b></p>   
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<https://www.epilepsy.org.uk>

<http://medicalconditionsatschool.or.uk>