



**Seminole County
Public Schools**

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Dear Healthcare Provider:

In accordance with new Florida State Statute 1006.0626, SCPS has developed an Individualized Seizure Action Plan template to be completed by the licensed healthcare provider in consultation with the student's parent/guardian for the student that has been diagnosed with epilepsy, seizure disorders or any other seizures that require rescue medications. Parent/guardian must submit a current plan to the school or School Board Nurse each school year and/or when revised by you, the healthcare provider.

For the sections "WHAT TO DO IN THE EVENT OF A SEIZURE EMERGENCY", please reference below:

Before a seizure emergency occurs: Briefly write here what to do to possibly prevent a seizure emergency. Use if the person experiences triggers that, based on experience, often lead to emergencies (e.g., unusual seizure patterns, onset of menstruation, fever, missed medication etc.). When should parent/guardian/caregiver be called?

During a seizure emergency: Briefly write here what to do to if the seizures cluster or become convulsive or non-convulsive status epilepticus. When should rescue medications be given? Knowing the prolonged seizures can cause brain damage, how soon should rescues be given? Should a VNS magnet be used if relevant? What rescue meds should be administered and by what route? Can a second dose be given, is so when and how? What if rescued meds fail?

After the seizure emergency has ended: Briefly write here what to do to after the emergency has ended. Was a rescue med given, if so, should heart rate and breathing be monitored and for how long? How should the person be positioned after the seizure activity? What does recovery look like (e.g., sleepy, confused, etc.)? How long are they likely to need to recover? How do you comfort the person experiencing seizures?

When to call emergency services (911/EMS) or go to the emergency department: Briefly write here for what circumstances and when to call emergency medical services. May include specific symptoms, duration of seizure activity or unresponsiveness etc.

Communications: Briefly write here how to maintain communication with the student, the student's parent, and the student's health care team, school nurse, and educational staff.

Accommodations: Briefly write here what accommodations the student requires for school trips, after-school programs or activities, class parties and any other school-related activities.

Please be sure to include any medication or procedure orders; or complete the "No medication or procedure is requested at school" section. Healthcare provider and parent must both sign before submitting to the school or School Board Nurse.

If you have any questions, please contact SCPS Health Services or the School Board Nurse assigned to the student's school named below.

Thank you,
SCPS Health Services

Jennifer Donnan, SCPS School Board Nurse
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