

**ABC Unified School District**  
**Individualized Health Care Plan (IHCP)-SAMPLE**  
**Completed by School District Nurse: Jill Jones, RN**

**Student: Alyx B.**

**DOB: 3/6/01**

*School staff working with above student will recognize signs of seizure and will initiate the following IHCP*

**Nursing Diagnosis:**

- Risk for impaired neurological function, chronic, related to altered brain structure, secondary to acquired abnormality
- Risk for injury related to upper left and lower extremity deficit, as a result of a stroke
- Current medications:
 

<b>Lamictal-100 mg</b>	<i>At home before school</i>
<b>Neurontin-300 mg</b>	<i>given 3x daily</i>
	<b>1 tab in AM before school</b>
	<i>Noon dose at school after lunch</i>
	<b>1 tab after school PM</b>
<b>Diastat-10 mg</b>	<i>As needed for continuous seizures</i>

**Student Health Goals:**

- Neurological signs will remain stable
- Student will participate in school activities, with accommodations, to the fullest extent possible
- The student will assist in identifying and applying safety measures to prevent injury

Signs of Seizure	Interventions
<ul style="list-style-type: none"> <li>• Inability to attend to task</li> <li>• Changes in levels of consciousness/alertness/aura</li> <li>• Dizziness (in heat)</li> <li>• Changes in behavior: yelling, screaming</li> <li>• Blank stare/tremors</li> <li>• Muscle stiffening, jerking, spasms</li> <li>• Generalized body, limb shaking</li> <li>• Left sided tingling, pain of leg/foot</li> <li>• Difficulty breathing, hyperventilation</li> <li>• Increased perspiration</li> </ul>	<ul style="list-style-type: none"> <li>• Ease student to the floor. Remove eyeglasses.</li> <li>• Place something soft and flat under his head.</li> <li>• Loosen tight clothing around his neck.</li> <li>• Turn gently on left side to prevent choking.</li> <li>• Move sharp objects out of the way.</li> <li>• Don't restrain or hold down.</li> <li>• Don't put anything in the mouth.</li> <li>• Time the seizure with a watch.</li> <li>• Speak calmly and reassuringly as he regains consciousness.</li> <li>• Administer Diastat if seizures start and stop</li> </ul>
Following seizure, observe signs for: Headache, dizziness, tiredness, stomach ache	Provide for student safety
Triggers for seizures: Fever, virus, cold, Artificial sweeteners, strobe lights	Maintain student privacy
	Observe breathing pattern & general activity during seizure
	Record event on seizure log
	Permit student's seizure to end & allow to return to activity and awareness after rest period
	Notify parent/guardian 310-344-6768

**Call 911 when:**

- Student is unconscious, unresponsive, stops breathing or has loss of bowel/bladder
  - Seizure lasts more than 5 minutes
  - Seizures occur consecutively
  - If consciousness does not start to return after shaking has ceased
- ❖ All staff working with student had seizure response training on 9/8/11
  - ❖ Next training due: 01/15/12
  - ❖ Staff responding will have current CPR/First aid training