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| **SeizureDetailed Individualized Healthcare Plan (IHP) Template**Utah Department of Health& Human Services | School Year:504 Date:IEP Date (if applicable): | Picture |
| **STUDENT INFORMATION** |
| **Student:** | **DOB:** | **Grade:** | **School:** |
| **Parent:** | **Phone:** | **Email:** |
| **Physician:** | **Phone:** | **Fax or Email:** |
| **School Nurse:** | **School Phone:** | **Fax or Email:** |
| **Medical Diagnosis(es):**  | **Age at Diagnosis:** | **Confirmed by HCP? 🞏 Yes 🞏 No**  |
| **Plan Initiated by:** | **Date:** |

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| **NURSING ASSESSMENT** |
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| Review all information provided by parents and health records or orders from current healthcare providers.Check this student’s usual signs/symptoms:

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|   🞏 Age of onset  🞏 Description of seizure activity  🞏 Describe postictal period  🞏 Aura or behaviors  🞏 Longest seizure  🞏 Medication and effectiveness  🞏 Student’s ability to recognize aura  🞏 Student’s desire and ability to tell classmates and adults about seizures  🞏 Special educational services or accommodations  |

🞏 Other (specify):  |

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| **NURSING DIAGNOSES** |
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| 🞏 (Risk for) ineffective health management related to* insufficient knowledge of therapeutic regimen
* insufficient social support
* decisional conflict
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 🞏 (Risk for) functional urinary incontinence related to temporary altered level of consciousness during seizure activity🞏 (Risk for) ineffective breathing pattern related to neurological impairment during seizure activity🞏 (Risk for) fear related to learned response regarding unknown seizure activity pattern

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| 🞏 (Risk for) injury related to:* alteration in cognitive
* alteration in psychomotor functioning during seizure activity

🞏 (Risk for) fatigue related to:* increased physical activity determined by:
* type of seizure activity
* frequency of seizure activity
* severity of seizure activity

🞏 (Risk for) noncompliance related to:* insufficient motivation
* lack of skills to perform seizure care regimen
* insufficient social support lack of knowledge about the regimen

🞏 (Risk for) delayed development (and/or regression) related to:* seizure disorder
	+ type of seizure activity and associated disorders
	+ frequency of seizure activity and associated disorders
	+ severity of seizure activity and associated disorders
* compliance with treatment regimen

🞏 (Risk for) aspiration related to:* decreased level of consciousness
* impaired ability to swallow during seizure activity
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🞏 Other (specify): |

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| **NURSING INTERVENTIONS** |
| 🞏 The school nurse will provide student specific information to designated school personnel for student:* type of seizure and treatment regimen, including medication side effects
* precautions and safety issues
* first aid care for immediate and recovery care
* VNS magnet application
* seizure log documentation
* emergency plan of care and follow up
* implementation of EAP and EEP

🞏 The school nurse will encourage student participation in the development of the Individualized Education Plan (IEP) or Section 504 Plan with parents, and other school personnel as needed. Help develop school accommodations and modifications.🞏 The school nurse will encourage student to communicate needs related to seizure activity.🞏 The school nurse will arrange for “buddy” system in hallways, restrooms, bus, etc.🞏 The school nurse will develop and implement use of a Seizure Activity Log sheet in the school setting.🞏 The school nurse will encourage student to actively participate in recreational, social, and/or self-help groups in the school or community.🞏 The school nurse will support test in expressing emotional needs to adults.🞏 The school nurse will provide opportunities in which test can make decisions regarding seizure disorder management in the school setting.🞏 The school nurse will stress importance of student ’s strengths and abilities.🞏 The school nurse will give student and parents medical alert jewelry resources and encourage test to wear a medical alert piece of jewelry.🞏 The school nurse will discuss changes, limitations, and alterations in daily living caused by student’s seizure disorder.🞏 The school nurse will discuss with student ways of handling other people’s reaction to seizure activity.🞏 The school nurse will encourage student to wear VNS magnet to school and school events.🞏 The school nurse will with student and parent permission, discuss with other students what to expect during seizure activity. 🞏 The school nurse will develop seizure action plan.🞏 The school nurse will discuss changes, limitations, and alterations in daily living caused by student’s seizure disorder.🞏 The school nurse will administer medication and other treatments as prescribed by physicians and according to school district medication policy.🞏 The school nurse will encourage student to tell an adult when an aura presents and position self safely in preparation for seizure.🞏 Other (specify):  |

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| **EXPECTED STUDENT OUTCOMES** |
| The student will:🞏 describe symptoms that accompany an aura.🞏 tell an adult when an aura presents and position self safely in preparation for seizure.🞏 share information about specific seizure disorder with peers and others.🞏 as developmentally able, share information about specific seizure disorder with peers and others in theschool and community setting.🞏 wear VNS magnet to school and school events.🞏 wear a medical alert bracelet.🞏 follow schedule that allows regular meals, sleep, and rest times.🞏 verbalize age-appropriate acceptance of seizure disorder.🞏 develop positive coping mechanisms.🞏 verbalize frustrations, anger, and fears related to seizure disorder limitations.🞏 keep extra clothing at school in case of incontinence episode.🞏 ask the teacher for clarification of instructions or directions that were missed on account of seizure activity (if student is aware that a seizure has occurred.  🞏 Other (specify):  |

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| **PLAN** |
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| **EVALUATION** |
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