

General care for student in the school setting:

- Follow emergency plan for a student if he/she has a known health condition (seizures), if in place.
- If the seizure is happening following a known head injury call 911.
- If student has no known history of seizures, call 911.
- Document the time of the event and actions taken.
- Notify parents and building administrator of event.

Seizure Type	What it looks like	What to do for the student	What not to do	Parent and Medical follow-up needed
Generalized Tonic-Clonic-Also called Grand Mal	<ul style="list-style-type: none"> ■ Sudden cry, full rigidity followed by muscle jerks, shallow breathing or suspended breathing, bluish skin, possible loss of bladder or bowel control. ■ Usually lasts a couple of minutes with normal breathing starting again. ■ Confusion, fatigue, followed by return of full consciousness. 	<ul style="list-style-type: none"> ■ Look for medical identification ■ Take note of start and stop times ■ Promote as much privacy as possible ■ Protect from nearby hazards ■ Loosen ties or shirt collars ■ Protect head from injury ■ Turn on side to keep airway clear ■ Reassure when consciousness returns 	<ul style="list-style-type: none"> ■ Do not put any hard implement in the mouth. ■ Do not try to hold tongue (It can't be swallowed). ■ Do not try to give liquids during or just after a seizure. ■ Do not use artificial respiration unless breathing is absent after muscle jerks subside. ■ Do not restrain. 	<ul style="list-style-type: none"> ■ Contact parents. ■ Document the event and parental notification ■ Student may rest, have a snack, and return to class or go home. ■ If multiple seizures occur or if one seizure lasts longer than 5 minutes, call 911. ■ If the person has no known history, is pregnant, injured, or diabetic, call 911 at once.
Absence Seizure (Also known as Petit Mal)	<ul style="list-style-type: none"> ■ A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. ■ May be accompanied by rapid blinking, some chewing movements of the mouth. ■ Child is unaware of what is going on during the seizure, but quickly returns to full awareness once it has stopped. ■ May result in learning difficulties if not recognized and treated. 	<ul style="list-style-type: none"> ■ No first aid is necessary, unless there is a secondary injury ■ If this is the first observation of the seizure, a medical evaluation should be recommended. 		<ul style="list-style-type: none"> ■ Notify parents
Simple Partial Seizure	<ul style="list-style-type: none"> ■ Jerking may begin in one area of the body, arm, leg, or face. ■ Can't be stopped, but patient stays awake and aware. ■ Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure (also known as Grand Mal). 	<ul style="list-style-type: none"> ■ <u>Partial sensory seizures</u> (also called a simple partial seizure) may not be obvious to an onlooker. ■ Patient experiences a distorted environment. ■ May see or hear things that aren't there, may feel unexplained fear, sadness, anger or joy. ■ May have nausea, experiences odd smells, and have a generally "funny" feeling in the stomach. 	<ul style="list-style-type: none"> ■ No first aid necessary unless seizure becomes convulsive, then provide first aid under that category. ■ If student experiences symptoms of a distorted environment: <ul style="list-style-type: none"> ■ No immediate action is needed other than reassurance and emotional support. ■ Medical examination should be recommended. 	Let the parent know what you are seeing so they can follow up with their doctor.
Complex Partial Seizures	<ul style="list-style-type: none"> ■ Usually starts with a blank stare, followed by chewing, followed by random activity. ■ Person appears unaware of surroundings, may seem dazed and mumble or is unresponsive. ■ Action is clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. ■ May run, appear afraid. ■ May struggle or flail at restraint. ■ Once a pattern is established, same set of actions usually occur with each seizure. ■ Lasts usually a few minutes, but post seizure confusion may last substantially longer. ■ No memory of what happened during seizure period. 	<ul style="list-style-type: none"> ■ Speak calmly and reassuringly to patient and others. ■ Guide gently away from obvious hazards. 		Let the parent know what you are seeing so they can follow up with their doctor.
Myoclonic seizures	<ul style="list-style-type: none"> ■ Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause the person to spill what they are holding or fall off a chair. 	<ul style="list-style-type: none"> ■ No first aid needed, but should be given a thorough medical evaluation. 		Let the parent know what you are seeing so they can follow up with their doctor.