

**Mumford Independent School District
Seizure - Individualized Healthcare Plan**

Date: _____ Revised Date: _____ Campus: _____ Grade: _____
 Student Name: _____ Student ID: _____ DOB: _____
 Physician Name: _____ Phone: _____ Fax: _____
 Emergency Contact: _____ Phone: _____ Email: _____
 Diagnosis: _____ Allergies: _____
 Campus Nurse: ____BStrohRN_____ UAP: _____

Nursing Diagnosis Concerns that could arise at school based on Doctor Diagnosis	Nursing Interventions How can the school nurse help support the student's health diagnosis	Goals What we would like the student to improve on or do	Evaluation What was the outcome of the interventions and goals
Risk for Injury Risk factors-Uncontrolled movements during seizure, falls, drowsiness caused by anticonvulsants	Instruct school staff on the correct positioning and strategies to take to prevent injuries Position the student to prevent injury Monitor vital signs	Student will remain free of injuries School staff will be able to utilize methods to prevent injuries	Not Attained: _____ In Process: _____ Goal Attained: _____
Risk for falls Risk factor- possible seizure	Educate student and staff that he/she is at risk Thoroughly orient the student to the school environment	Student will be able to remain free of falls, if possible, change environment to minimize the incidence of falls	
Social Isolation Risk factors- unpredictability of seizures, community imposed stigma	Discuss/assess causes of perceived or actual isolation Allow the student opportunities to introduce issues and to describe his/her daily life Promote social interactions. Support expression of feelings	Student will be able to identify feelings of isolation Student will be able to initiate interactions with others Student will be able to participate in activities and programs at level of ability and desire	

Parent/Guardian Statement: I/We have read this plan and agree to its implementation: _____
 Parent/Guardian signature _____ Date _____