

Antelope Valley Union High School District

Individualized School Healthcare Plan – Seizure & Vagal Nerve Stimulator

Student:	DOB:
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School employees with student assignments will recognize the signs of illness and initiate the following health plan.

Nursing Diagnosis:

- Risk for impaired neurological function, chronic, related to altered brain structure, secondary to congenital or acquired abnormality.
- Risk for impaired swallowing, related to side effects of the vagal nerve stimulator.

Student Health Goals:

- Neurological status will remain stable and without seizures.
- Receives appropriate and adequate intervention during seizures including the use of his vagal nerve stimulator to interrupt/diminish the seizure.
- Student will recognize & report awareness of impending seizures.
- Participates in school activities, with accommodations, to the fullest extent possible.

Signs of illness	Interventions
<p>Seizures:</p> <ul style="list-style-type: none"> • Momentary lapse of awareness • Blank staring spells • Random repetitive activity (chewing, picking, rubbing) • Abrupt loss of consciousness • Stiffness and jerking or falling • Sleepy and confused (following the seizure) <p>Possible Side Effects-Vagal Nerve Stimulator:</p> <ul style="list-style-type: none"> • Slight difficulty swallowing (swallowing hard) • Occasional hoarseness, or change in voice • Occasional sore or tickling feeling in throat • Coughing • Difficulty breathing 	<ul style="list-style-type: none"> • Remain calm and clear the area • Pass, not attach, the magnet of the vagal nerve stimulator once over the device (implanted on the left chest). The pass should take ____seconds and the magnet should be held to lightly brush over the skin • Allow the seizure to run its course • Provide for privacy • Time the movement of the body • Guide the student away from dangerous areas or objects • Keep the airway clear, watch for and maintain normal breathing • Stay with the student until the seizure stops and the student rests or returns to activity • Notify parent/ guardian <ul style="list-style-type: none"> • Foods must be cut into small bite size pieces • Notify parent and nurse if difficulty with swallowing, hoarseness, throat irritation, or coughing occurs on a regular basis • Sit in a position that promotes ease in breathing. Notify parent and nurse of any difficulty breathing

Call 9-1-1 when:

- If the student stops breathing
- If seizure lasts longer than five (5) minutes
- If another seizure starts before the student regains consciousness
- If the student does not regain consciousness readily

Schedule	Care Required	Location for Care	Care Given by	Training date
As needed	Emergency care	Student location	All adults with current CPR and first aid	Variable

Date / Copy of ISHP Given

Date: Student	Date: Student's Teacher	Date:
Student's Parents	Health Office Technician / Nurse	

Parent Signature _____
District Nurse Signature _____

Date _____
Date _____

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