

PHYSICIAN ORDER FORM FOR STUDENTS WITH SEIZURES

Dear Health Care Provider,

The parent/guardian of the student listed below has indicated that their child has a history of seizures. Students with seizures who are enrolled in a West Virginia school must have a physician order for treatment protocol in the event they have a seizure at school.

Date _____ School _____ Grade _____

Students name _____ Date of Birth _____

Seizure History:

What types of seizure does this student typically have?

- Absence
- Simple Partial
- Complex Partial
- Atonic Seizures (Drop Seizures)
- Myoclonic Seizures
- Tonic-Clonic Seizures
- Other _____

Any physical limitations? _____

Treatment Order:

- Diastat/nasal Versed may be administrated by trained unlicensed personnel
- Rescue medication _____ mg PRN per medication order seizure > _____ minutes OR for _____ more seizures in _____ hours
- Use VNS (vagal nerve stimulator) magnet magnet may be used again in _____ seconds/minutes AND may be repeated _____ times
- Other _____

Calling an ambulance:

An ambulance will be called if:

- rectal valium/nasal Versed is administered.
- seizure does not stop by itself or with VNS within _____ minutes
- second seizure begins before child regains consciousness
- student does not start to wake up within _____ minutes after seizure is over.

Provider Information:

Health Care Provider Name (Printed) _____
 Signature _____ Date _____
 Phone number _____ Fax number _____

Parent information:

Health Care Provider Name (Printer) _____
 Signature _____ Date _____
 Phone number _____ Fax number _____