

**Sample IHP for Student with Seizure Disorder
(SCHOOL NAME)
INDIVIDUAL HEALTH PLAN**

DATE:

PHYSICIAN:

STUDENT: NAME

DATE OF BIRTH:

ALLERGIES:

RELEVANT DIAGNOSIS: Seizure disorder

SECONDARY HEALTH ISSUE:

DIET:

MOBILITY:

EQUIPMENT:

MEDICAL HISTORY:

MEDICATIONS:

TREATMENTS:

SIGNATURE:

HEALTH PROBLEM	GOAL	PLAN OF ACTION	PERSON RESPONSIBLE/LOC
#1 Seizure disorder	#1. Participate in school activities without injury from seizures. #2 Prevent injury/aspiration from seizure.	#1 Develop IHP a. medicate at home with anti seizure Rx. b. Keep a seizure log. c. Follow seizure management plan. Seizure Management: 1) DO NOT stimulate by rubbing chest, face, arms, or loosening clothing. 2) DO NOT try to force mouth open or place anything in mouth. 3) DO NOT move person until he is quiet and relaxed.	School Nurse Parent Teacher

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		<p>Seizure Management</p> <ul style="list-style-type: none"> 4) Move furniture and provide privacy. 5) Protect head and limbs from injury, by cradling them until seizure ends or put soft material under head. 6) Provide constant adult supervision. 7) Notify main office or the school nurse @ ext. x. 8) Loosen tight clothing from around neck. 9) Time seizure and record description as objectively as possible. 10) If student is on the floor, position on side with mouth towards floor so oral secretions or vomitus flow out unless head injury is suspected. In which case maintain head/neck alignment and turn body as a whole if vomiting occurs. 11) Seizures lasting more than X minutes require emergency evacuation to hospital unless otherwise instructed for selected students with known seizure disorders. Or attach Physician's Plan of Care. 	

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