

Camper Name: \_\_\_\_\_

Session(s): \_\_\_\_\_

## IPOC Individual Plan of Care

### SEIZURES

Type of Seizure(s):

IPOCs are specialized care plans that provide direction to staff on how to prevent and treat campers with medical conditions or disabilities. Please provide as much information as possible on your camper that will help us provide the care needed. Please contact us with any questions or concerns.

Seizure Triggers: (please list)

#### Daily Medications:

Please indicate name of medication and dosage schedule:

#### Emergency Medications:

Please indicate name of medication and when/how to use:

Seizure Symptoms:

Does your child self carry?

YES  NO

Medication Authorization Form Must Document Self Carry by Prescribing MD

### SEIZURE HISTORY

Date of Last Seizure: \_\_\_\_\_

Notes on Last Reaction:

### ADDITIONAL NOTES

### Seizure First Aid

How to help someone having a seizure

- 1 STAY** with the person until they are awake and alert after the seizure.
  - ✓ Time the seizure
  - ✓ Remain **calm**
  - ✓ Check for **medical ID**
- 2** Keep the person **SAFE**.
  - ✓ Move or guide away from **harm**
- 3** Turn the person onto their **SIDE** if they are not awake and aware.
  - ✓ Keep **airway clear**
  - ✓ **Loosen tight clothes** around neck
  - ✓ Put **something small and soft** under the head

**Call 911 if...**

- ▶ Seizure lasts longer than 5 minutes
- ▶ Person does not return to their usual state
- ▶ Person is injured, pregnant, or sick
- ▶ Repeated seizures
- ▶ First time seizure
- ▶ Difficulty breathing
- ▶ Seizure occurs in water

**Do NOT**

- ✗ Do **NOT** restrain.
- ✗ Do **NOT** put any objects in their mouth.
- ✓ **Rescue medicines can be given** if prescribed by a health care professional

### SIGNATURES

Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

RN: \_\_\_\_\_ Date: \_\_\_\_\_

NA: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_