

NON-EPILEPTIC SEIZURES (P.N.E.S.) INDIVIDUAL STUDENT ACTION PLAN

STUDENT NAME _____ DOB _____ GRADE _____

P.N.E.S. (Psychogenic Non-Epileptic Seizures) are different than traditional seizures. Instead of being caused by abnormal electrical discharges in the brain, P.N.E.S episodes are caused by spikes in stress and emotional response. Like epileptic seizures, they are not induced on purpose, and are not within the patient's control. Unlike epileptic seizures, these do not require administration of medication. Both types of attacks are intrusive and uninvited, and both require a medical professional to make the diagnosis.

WARNING SIGNS: Patients may sense an impending attack and may lower themselves to the ground to avoid a fall. Observers may note the patient has stopped responding or participating in class.

Symptoms of a Non-Epileptic Seizure:	How to help during a Non-Epileptic Seizure:
<ul style="list-style-type: none"> Staring spell, appears dazed Looks to be asleep, difficult to rouse, snoring Eyes at least partially closed, not focused Jerking movements of the limbs, body Head turned to the side "Drop-attack" or syncope/ fainting 	<ul style="list-style-type: none"> Calm reassurance, tone, and body language Lay the student down on their side Remove glasses, loosen clothing around neck Clear the area of potential hazards Remove other students from the room Never put anything in their mouth

Like with epileptic seizures, securing a safe space for the patient is critical. For privacy, any non-essential personnel and all other students should be removed from view. Alert the student's parents and *note the time the spell began* in order to document its duration. Remain with the student until the episode resolves.

Open lines of communication between the school, the parents, and the treating practitioner will make sure everyone involved in the child's care has the most up-to-date information. Changes in treatment plan, medication modifications, and increased stressors at home or at school should be shared with all parties to optimize the child's care. Staff who work with the student directly during the school day will be informed of the diagnosis in order to appropriately respond during an episode.

To be completed by medical professional	Medications: _____ <input type="checkbox"/> No meds <i>(Include drug name, dose, timing, and if "take as needed" then state for what specific symptoms)</i>
	Call 911 if the student experiences an episode lasting longer than _____ minutes or has more than _____ spells in 3 hrs.
	Comments: _____
	Doctor name _____ Phone # _____
	Doctor signature _____ Date _____

To be completed by family	<input type="checkbox"/> I give permission for my child (named above) to receive care for a diagnosis of Non-Epileptic Seizures by designated school staff, following the steps detailed in this individual student action plan.
	<input type="checkbox"/> The school clinic staff may share information regarding this condition with my child's doctor.
	Parent/Guardian name _____ Phone # _____
	Parent/Guardian signature _____ Date _____

School clinic staff name _____

School clinic staff signature _____ Date _____

High School Fax: 440-995-6805

Gates Mills Fax: 440-995-7505

Preschool Fax: 440-995-6805

Middle School Fax: 440-449-1413

Lander Fax: 440-995-7355

CEVEC Fax: 440-646-1117

Center Fax: 440-995-7405

Millridge Fax: 440-995-7255

EXCEL TECC Fax: 440-995-6755