

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

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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 necessarily 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"> <li>• Staring spell, appears dazed</li> <li>• Looks to be asleep, difficult to rouse, snoring</li> <li>• Eyes at least partially closed, not focused</li> <li>• Jerking movements of the limbs, body</li> <li>• Head turned to the side</li> <li>• "Drop-attack" or syncope/ fainting</li> </ul>	<ul style="list-style-type: none"> <li>• Calm reassurance, tone, and body language</li> <li>• Remove glasses, loosen clothing around neck</li> <li>• Clear the area of potential hazards</li> <li>• Never put anything in their mouth</li> <li>• Give the episode as little attention as possible</li> <li>• Call 911 only if the student has been injured</li> </ul>

Like with epileptic seizures, securing a safe physical space for the patient is critical. Document the episode and *note the time the spell began* in order to record its duration. Remain with the student until the episode resolves. For students whose episodes are either so numerous or so severe that it makes routine classroom learning unsustainable, the student's family should employ the assistance of an advisor or consultant to help navigate and optimize their school experience.

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 shall be informed of the diagnosis in order to appropriately respond during an episode. With parent consultation and permission, fellow students in the classroom may be educated about triggers that can escalate this condition's frequency and severity.

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