## FND RESPONSE PLAN

NAME/DOB:		
HEALTH CARE PROVIDER. SYMPTOMS OF ARE MORE LIKELY TO OCCUR W	CAN HAPPE ITH NERVO	WITH FUNCTIONAL NEUROLOGICAL DISORDER, BY MY EN THROUGHOUT THE DAY OR IN EPISODES. EPISODES DUS SYSTEM OVERWHELM, **ARE NOT MEDICAL ETTER WHEN RESPONDED TO CORRECTLY.
FOR ME, FND LOOKS LIKE:		
my warning signs	WHA	AT TO DO IF AN EPISODE IS ABOUT TO HAPPEN
WHAT TO DO DURING		GIVE ME A REASSURING NONVERBAL SIGNAL THAT I KNOW MEANS, "I'M HERE. YOU ARE GOING TO
REMAIN CALM.  SPEAK POSITIVELY ABOUT ME OR BETTER YET, NOT AT ALL. I CAN HEAR		BE OKAY."  REMIND ME TO USE A COPING SKILL TO REGULATE  MY NERVOUS SYSTEM.
YOU AND ATTENTION MAKES IT WORSE.		WHAT TO DO AFTER
THE GROUND.		REINVOLVE ME/RETURN ME TO CLASS.
COVER HARD SURFACES NEAR ME.		PRAISE ME ONE-ON-ONE FOR COPING THROUGH MY SYMPTOMS.
SAY "YOU ARE HAVING AN FND EPISODE. YOU ARE SAFE. YOU HAVE THE TOOLS TO GET THROUGH IT. I AM HERE WHEN YOU ARE READY." THEN GIVE ME PRIVACY AND SPACE.		PLEASE WAIT UNTIL THE END OF THE DAY TO CONTACT MY GUARDIAN USING THEIR PREFERRED METHOD.
		WHAT NOT TO DO
		DO NOT CALL AN AMBULANCE UNLESS INJURED.  (PLEASE CHECK BASED ON INDIVIDUAL NEED.)  DO NOT REMOVE ME FROM SCHOOL.  DO NOT BEHAVE FRANTICALLY.  DO NOT TIME THE EPISODES. UNLIKE EPILEPSY, THE CARE  DOES NOT CHANGE AFTER 5 MINUTES.

Provider Signature: Date:

Provider Name: Provider Contact: