

Seizure Report Flow Chart

Name of Patient: _____ Sex: _____

Date of Birth: _____ Age: _____

Date of each seizure							
Time of onset							
Total time involved							

OBSERVATION BEFORE SEIZURE

Cries out							
Other							

OBSERVATION DURING SEIZURE

Extremity involvement:							
	Both upper and lower						
Arms affected	Right						
	Left						
Legs affected	Right						
	Left						
	Straight						
	Bent						
	Stiff						
	Limp						
Verbal sounds:	Before						
	During						
	Face twitching:						
Mouth:	Open						
	Closed						
	Grimacing						
	Drooling:						
	Vomited:						
Eye movement:	Staring						
	Open						
	Closed						
	Fluttering						
	Rolled back						
Head:	Turned right						
	Turned left						
	Turned down						
	Hyper extended back						
	Nodding						
Body-trunk	Rigid						
	Limp						
	Sitting						

	Laying						
	Trembling						
	Jerking						
	Standing						
Skin color	Pale						
	Grey						
	Blue						
	Red (flushed)						
Breathing	Difficulty during						
	Difficulty after						
	15 seconds						
	Longer (amount ?)						
Incontinent:	Urine						
	Bowels						

OBSERVATION AFTER SEIZURE

	Drowsy						
	Confused						
	Sleep (length of time)						
Other:	Injury (elaborate)						
	School nurse called						
	Health clerk called						
	Parent called						
	Doctor called						
	911 called						
	Responder initials						