

## Seizure Report Flow Chart

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

School \_\_\_\_\_ Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

<b>DATE OF EACH SEIZURE</b>						
<b>TIME OF ONSET</b>						
<b>TOTAL TIME INVOLVED</b>						
<b>Observation Before Seizure</b>						
• Cries Out						
• Other						
<b>Observation During Seizure</b>						
• Extremity Involvement						
o Both upper & lower						
o Arms affected						
right						
left						
o Legs affected						
right						
left						
o Straight						
o Bent						
o Stiff						
o Limp						
o Verbal Sounds						
before						
during						
o Face twitching						
o Mouth						
opened						
closed						
grimacing						
o Drooling						
o Vomited						
o Eye movement						
staring						
opened						
closed						
fluttering						
rolled back						
o Head						
turned right						
turned left						
turned down						
o Hyper-extended back						
nodding						

<b>DATE OF EACH SEIZURE</b>						
• Body Trunk						
o rigid						
o limp						
o sitting						
o laying						
o trembling						
o jerking						
o standing						
• Skin Color						
o pale						
o gray						
o blue						
o red (flushed)						
• Breathing						
o difficulty during						
o difficulty after						
o 15 seconds						
o 1 minute						
o longer (give time)						
• Incontinent						
o urine						
o bowels						
• Observations after Seizure						
o drowsy						
o confused						
o sleep (give length of time)						
• Other						
o injury (elaborate)						
o school nursed called						
o health assistant called						
o parent called						
o child taken home (by whom)						
o doctor called						
o 911 called						
• Responder's Initials						