|  |
| --- |
| **Student Name: DOB:** |
| Date & Time |  |  |  |
| Seizure Length (# minutes) |  |  |  |
| Pre-Seizure Observations (Briefly list behaviors, triggering events, activities) |  |  |  |
| Conscious? (yes, no, altered) |  |  |  |
| Injuries? (Y, N - briefly describe.) |  |  |  |
| Muscle Tone/Body Movements | Rigid/Clenching |  |  |  |
| Limp |  |  |  |
| Fell down |  |  |  |
| Rocking |  |  |  |
| Wandering Around |  |  |  |
| Whole body jerking |  |  |  |
| Extremity Movements | R arm jerking |  |  |  |
| L arm jerking |  |  |  |
| R leg jerking |  |  |  |
| L leg jerking |  |  |  |
| Random movement |  |  |  |
| Color | Bluish |  |  |  |
| Pale |  |  |  |
| Flushed |  |  |  |
| Eyes | Pupils dilated |  |  |  |
| Turned (R or L) |  |  |  |
| Rolled up |  |  |  |
| Staring  |  |  |  |
| Blinking |  |  |  |
| Closed |  |  |  |
| Mouth | Salivating |  |  |  |
| Chewing |  |  |  |
| Lip smacking |  |  |  |
| Verbal sounds (gagging, talking, throat clearing, etc.) |  |  |  |
| Breathing (normal, labored, stopped, noisy, etc.) |  |  |  |
| Incontinent (urine or feces) |  |  |  |
| Post-Seizure Observation | Confused |  |  |  |
| Sleepy/tired |  |  |  |
| Headache |  |  |  |
| Speech slurring |  |  |  |
| Other |  |  |  |
| Length to orientation |  |  |  |
| Actions – If yes, List Time | Diazepam given? |  |  |  |
| VNS Swiped? |  |  |  |
| School Nurse called? |  |  |  |
| EMS called?  |  |  |  |
| Parent called?  |  |  |  |
| Observer’s Name: |  |  |  |

Please put additional observations on back, as necessary. Give form to school nurse to file in IHR.