Seizure Log

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.