

Seizure Observation Report

	<u>Time</u>	<u>Duration of Seizure</u>
Name: _____	_____	_____
Date: _____	_____	_____
School: _____	_____	_____

Describe circumstances prior to seizure, including location, people involved and actions taken:

Person reporting: _____ **Supervising Teacher:** _____

Observations during seizure:	Cried Out	Became Rigid	Became Atonic	Fell
Extension of:	Neck Right Arm	Right Leg	Left Arm	Left Leg
Rhythmic jerking of:	Right Arm	Right Leg	Left Arm	Left Leg
	Generalized	Other:		
Tremors of:	Right Arm	Right Leg	Left Arm	Left Leg
	Lips	Generalized	Other: _____	
Eyes:	Staring	Blinking	Nystagamus	Rolled Back
	Turned Right	Turned Left	Other: _____	
Increased Saliva	Smacking of Lips	Swallowing Motions		
Chewing Movements	Grinding	Teeth Clenched	Other: _____	
Appeared Flushed	Appeared Pale	Appeared Cyanotic		

Describe any other unusual patterned behavior: _____

Changes in respiratory pattern: Temporarily Suspended Shallow
Rapid Other: _____

Observations after seizure:

Respirations return spontaneously to pre-seizure patter

Unresponsive	Alert	Drowsy	Crying	Confused
Loss of Bladder Control	Loss of Bowel Control	Sleeping		
Vomited	Bit Tongue	Other: _____		

