

## Sample Seizure Observation Report

<b>Student Name:</b>			
Date and Time			
Seizure Length			
Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)			
Conscious (yes/no/altered)			
Injuries (briefly describe)			
<b>Muscle Tone Body Movements</b>	Rigid/clenching		
	Limp		
	Fell down		
	Rocking		
	Wandering around		
	Whole body jerking		
<b>Extremity Movements</b>	(R) arm jerking		
	(L) arm jerking		
	(R) leg jerking		
	(L) leg jerking		
	Random Movement		
<b>Color</b>	Bluish		
	Pale		
	Flushed		
<b>Eyes</b>	Pupils dilated		
	Turned ( R or L )		
	Rolled up		
	Staring or Blinking (clarify)		
	Closed		
<b>Mouth</b>	Salivating		
	Chewing		
	Lip smacking		
Verbal Sounds (gagging, talking, throat clearing, etc.)			
Breathing (normal, labored, stopped, noisy, etc.)			
Incontinent (urine or feces)			
<b>Post-Seizure Observation</b>	Confused		
	Sleepy/tired		
	Headache		
	Speech slurring		
	Other		
Length to Orientation			
Parents Notified? (time of call)			
EMS Called? (call time & arrival time)			
Observer's Name			

*Please put additional notes on back as necessary.*

## Seizure Observation Report (ADDITIONAL NOTES)

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**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

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**Date:** \_\_\_\_\_