EPILEPSY FOUNDATION®

# Seizure Observation Record

| Student Name: | | | | |
|---|---|---|---|---|
| Date & Time | | | | |
| Seizure Length | | | | |
| Pre-Seizure Observation (Briefly list behaviors, triggering events, activities) | | | | |
| Conscious (yes/no/altered) | | | | |
| Injuries (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 or blinking (clarify) | | | |
| | 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 | | | | |
| Parents Notified? (time of call) | | | | |
| EMS Called? (call time & arrival time) | | | | |
| Observer's Name | | | | |

*Please put additional notes on back as necessary.*

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