

SEIZURE REPORT FLOW CHART

Student Name: _____ ID #: _____ Birthdate: _____

School: _____ Teacher Name: _____ Grade: _____

DATE OF EACH SEIZURE							
TIME OF ONSET							
TOTAL TIME INVOLVED							
A. Observation Before Seizure							
• Cries Out							
• Other							
B. Observation During Seizure							
• Extremity Involvement							
o Both upper & lower							
o Arms affected							
▪ right							
▪ left							
o Legs affected							
▪ right							
▪ left							
o Straight							
o Bent							
o Stiff							
o Limp							
o Verbal Sounds							
▪ before							
▪ during							
o Face twitching							
o Mouth							
▪ opened							
▪ closed							
▪ grimacing							
o Drooling							
o Vomited							
o Eye movement							
▪ staring							
▪ opened							
▪ closed							
▪ fluttering							
▪ rolled back							
o Head							
▪ turned right							
▪ turned left							
▪ turned down							
o Hyper-extended back							
▪ nodding							

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SEIZURE REPORT FLOW CHART (CONTINUED)

Student Name: _____

DATE OF EACH SEIZURE							
• Body Trunk							
o rigid							
o limp							
o sitting							
o laying							
o trembling							
o jerking							
o standing							
• Skin Color							
o pale							
o gray							
o blue							
o red (flushed)							
• Breathing							
o difficulty during							
o difficulty after							
o 15 seconds							
o 1 minute							
o longer (give time)							
• Incontinent							
o urine							
o bowels							
• Observations after Seizure							
o drowsy							
o confused							
o sleep (give length of time)							
• Other							
o injury (elaborate)							
o school nursed called							
o health assistant called							
o parent called							
o child taken home (by whom)							
o doctor called							
o 911 called							
• Responder's Initials							