

SEIZURE RECORD

Client Name: _____

Date: _____

Time Seizure Started: _____

Time Seizure Ended: _____

DESCRIPTION

RHYTHMIC MOVEMENTS

(# in order of occurrence)

___ Fell:
 forward ___
 backward ___
 left ___
 right ___

Twitching:
___ eyelid – R
___ eyelid – L
___ face – R
___ face – L
___ arm – R
___ arm – L
___ leg – R
___ leg – L

Tonic/Clonic:
___ arm – R
___ arm – L
___ leg – R
___ leg – L
___ head – R
___ head – L
___ eyes – R
___ eyes – L

___ Incontinent/urine
___ Incontinent/feces
___ Rapid eye movements
___ Cyanotic (bluish grey
 skin color
___ rigid
___ limp
___ lip smacking
___ staring
___ unusual action: DESCRIBE:

Precipitating Factors:

Recovery Period:

___ headache ___ drowsy ___ confused
___ slept ___ agitated ___ combative
___ resume activity
___ unusual: DESCRIBE:

Signature of Person Witnessing the Seizure: _____

- A. List date and time seizure occurred.
- B. Duration – Record length of time the seizure lasted (this time includes loss of consciousness, muscular twitching and uncontrollable body movements.
- C. Aura – This means any type of warning sensation or experience the patient has before the seizure occurs. Example; Flashes of light, peculiar odors, strange voices or sounds. If an aura occurs, check “yes” and describe.
- D. Loss of Consciousness - This means that the patient is unaware of surroundings and does not respond to pain or other external stimuli.
- E. Eye Deviation or Pupil Changes – Lift upper eye lid and observe eye movements and describe. Look to see if pupils appear small, dilated or unequal, then record.
- F. Tonic Movements – Observe for a period of rigidity or stiffness of body and limbs and describe.
- G. Clonic Movements – Observe for jerky body movements and describe.
- H. Behavioral or Postural Changes Before and During the Seizure – Observe for any changes of behavior, falling or fighting, etc., and record.
- I. Bladder and Bowel Incontinence – Observe to see if there is any loss of bladder or bowel control. and record.
- J. Lip Smacking and Tongue Biting – Observe to see if patient makes smacking noises. After the seizure check tongue and inside of lips and record any lacerations of bites.
- K. Post Ictal (After the Seizure) – Observe to see if the patient is alert and aware of his surroundings or if patient is drowsy. Speak to the patient to see if he responds. Record findings.
 - 1. Observe for confusion by asking questions. (Example: Name, location, etc.)
 - 2. Move to Command – Ask patient to move about and record.
 - 3. If not RESPONSIVE to verbal requests, check non-responsive block.