

Seizure Documentation Form

STUDENTS NAME

DATE

NAME OF PERSON COMPLETING FORM AND STAFF POSITION

When did the seizure start

 AM

 PM

When did the seizure end

 AM

 PM

LIST OTHER SYMPTOMS NOTICED DURING THE SEIZURE

WHAT WAS THE STUDENT DOING BEFORE THE SEIZURE HAPPENED?

(IF THE STUDENT WAS INJURED DURING THE SEIZURE INDICATE THE TYPE OF INJURY SUSTAINED)

DID THE STUDENT APPEAR TO BE ORIENTED AFTER THE SEIZURE STOPPED?

(Did the student know where they were and what was going on)

IF THE STUDENT IS NOT ORIENTED WITHIN 5 MINUTES OF HAVING THE SEIZURE, HOW LONG DID IT TAKE FOR THEM TO BECOME ORIENTED?

INDICATE IF NURSE NOTIFIED, 911 CALLED, GUARDIAN/CAREGIVER NOTIFIED

SYMPTOMS OF THE SEIZURE (CHECK ALL THAT APPLY)

What did you notice happening during the course of the seizure?

- Rapid jerking body movements
- Body limbs stiffened and shaking began
 - Right side of body only
 - Left side of body only
- Jerking of the face or limbs that lasted more than a second or two
- Student cried/squealed out
- Student made gurgling or grunting noises
- Student fell to ground and had a seizure and injured self
- Student fell to ground and had a seizure no injury occurred
- Student had loss of bladder control
- Student had loss of bowel control
- Student had rapid eye movements
- Student cyanotic (looked bluish grey in color)
- Student's body went limp
- Student was smacking lips
- Student walking/wandering
- Student had other repetitive movements
- Student looked like they were staring and unable to respond in a manner that made sense
- Student was picking at clothing
- Student lost consciousness (not aware of what was going on)
- Student had shallow breathing
- Student stopped breathing