## OBSERVATION OF SEIZURE PATTERN

NAME:_____ DOB: _____DATE:_____
TIME SEIZURE STARTED:_____A.M./P.M. DURATION/Length of Seizure:_____

### PRE-SEIZURE ACTIVITY (Check all that apply)

What was the person doing before the seizure began?_____
Describe the environmental conditions at the time of the seizure (noise, lighting, temperature, etc.)_____

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| **1.** Did the person know s/he was going to have a seizure?<br>If yes, did s/he<br>___Hear things ___Feel things ___See things<br>___Smell things ___Taste things ___Unknown<br>___Other (Specify)_____ | **2.** Was there a warning that s/he was about to have a seizure?<br>If yes, was warning given by:<br>___Crying out ___Acting sick ___ Irritable/<br>___Acting peculiar___Unknown ___ Disagreeable<br>___Other (Specify)_____ |

### ACTIVITY DURING SEIZURE (Check all that apply)

**3.** Did the seizure begin in some part of the body? If yes, was it with:
_____Head to right _____Head to left _____Eyes to right _____Eyes to left
_____Head up & back _____Head forward on chest _____Eyes rolled up _____Eyes shut
_____Eyes open/staring _____Other body part How was this manifested?_____
_____RAPID EYE MOVEMENT
_____Twitching/jerking began in 1 part. Which part?_____How did it spread?_____

| | |
|---|---|
| **4.** STIFFNESS ___Right arm ___Left arm<br>___Right leg ___Left leg<br>___Body arch | **5.** TWITCHING/JERKING<br>___Right eyelid ___ Left eyelid<br>___Right face ____Left face<br>___Right arm ____Left arm<br>___Right leg ____Left leg |

| | | |
|---|---|---|
| **6.** Activity Exhibited<br>___Vomited<br>___Nauseated<br>___Unconscious<br>___Spoke during seizure<br>___Impaired speech<br>___Limp<br>___Incontinent/urine<br>___Incontinent/feces | **7.** Person fell?<br>___Fell forward<br>___Fell backward<br>___Fell left<br>___Fell right<br>___Atonic (like a dishrag)<br>___Tonic (like a log) | **8.** Facial activity<br>Did face turn color?<br>___Turned white<br>___Turned blue<br>___Turned red<br>___Froth/Drooling<br>___Bloodstained froth<br>___Tongue bitten |

**9.** Did person perform any unusual acts? If yes, which ones?
___Wander about ___Laugh ___Undress
___Want to destroy something ___Run ___Want to fight
___Act as if searching for something ___Cry ___Talk or mumble
___Make rubbing, plucking, patting, folding or other motions with hands, fiddle with buttons ___ Other_____
___Make chewing, spitting, swallowing, smacking movements with mouth

Temperature___ BP___/___ P___R___ Time_____Date_____
Nurse/Supervisor Notification: Date/Time _____/ _____ Name of Person Notified: _____

### RECOVERY PERIOD (Check all that apply)

| | |
|---|---|
| Did person remember seizure afterward? □<br>YES □ NO □ UNKNOWN<br>Was person injured during seizure?<br>□ YES □ NO | Condition after seizure:<br>_____Drowsy _____Alert _____Confused _____Headache<br>_____Vomited _____Agitated _____Nauseated _____Weak<br>_____Combative _____Resumed act _____Deep sleep |
| PRN Medication Required? □ YES □ NO<br>Comments:_____<br>_____ | Required evaluation at Emergency Room □ YES □ NO<br>Required admission to hospital □ YES □ NO<br>Comments: _____<br>_____ |

Signature of Staff Completing form: _____ Date: _____