

SEIZURE OBSERVATION

DATE _____ TIME _____

STUDENT'S NAME _____

PLACE OF SEIZURE _____

BEHAVIOR/ACTIVITY PRIOR TO SEIZURE _____

LENGTH OF SEIZURE ACTIVITY _____

NOTE IF AND WHEN TWITCHING OR CONTRACTIONS BEGAN AND WHAT PARTS OF THE BODY WERE INVOLVED _____

OTHER TYPES OF MOVEMENT, IF ANY _____

EYE MOVEMENT AND PUPIL CHANGES _____

WAS THERE WETTING BEFORE, DURING, OR AFTER THE SEIZURE? _____

NOTE (IF KNOWN) – PULSE _____ RESPIRATION _____

SKIN COLOR _____

SECRETIONS FROM MOUTH (IF ANY) _____

BEHAVIOR AT END OF SEIZURE _____

OTHER IMPORTANT INFORMATION _____

NAME OF OBSERVER _____
TITLE _____ SCHOOL _____

FILE AND FORWARD COPIES TO: CLASSROOM TEACHER/PARENTS

SEIZURE MANAGEMENT

1. Protect from injury
 - Remove nearby objects/sharp objects
 - Pad hard surfaces
 - Loosen clothing around the neck
 - Turn to side to prevent choking on saliva or vomitus
 - Do not force anything into the mouth
 - Do not restrain movements. You cannot stop the seizure
 - Do not pour any liquid into the mouth

2. Record observations
 - Behavior before seizure began
 - Length in minutes
 - Site where twitching or contraction began and the parts of the body involved
 - Types of movement
 - Eye movements and pupil changes
 - Wetting before, during, and after seizure
 - Pulse and respiration
 - Color
 - Secretions from mouth
 - Behavior at end of seizure

3. Call 911 if seizure lasts longer than 5 minutes, or continues to repeat

4. Have student lie down rest after seizure