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		
5001100		
closedfluttering		
nationing		
Tonoa baok		
o Head ■ turned right		
turned left		
turned down		
o Hyper-extended back		
nodding		
- nouding		i I I I

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SEIZURE REPORT FLOW CHART (CONTINUED)

Student Name:	
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Body Trunk origid orig	DATE OF EACH SEIZURE			<u> </u>	<u> </u>
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 during o longer (give time) • Incontinent o urine o bowels • Observations after Seizure o drowsy o confused o shealth assistant called o parent called o parent called o parent called o child taken home (by whom) o doctor called o parent called o parent called o parent called o child taken home (by whom) o doctor called o parent called o parent called o parent called o o stitled					
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 wrine o bowels • Observations after Seizure o drowsy o confused o sleep (give length of time) • Other o longer (alled o parent called o parent called o parent called o parent called o child taken home (by whom) o doctor called o o 911 called					
o sitting o laying o tembling 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 wine o bowels • Observations after Seizure o drowsy o confused o sheep (give length of time) • Other o injury (elaborate) o shealth assistant called o parent called o child taken home (by whom) o doctor called o gerking o irrembling o standing o st					
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 selep (give length of time) • Other o injury (elaborate) o school nursed called o health assistant called o parent called o oflict atken home (by whom) o doctor called o officially during o time o					
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o parent called o child taken home (by whom) o doctor called o 911 called					
o child taken home (by whom) o doctor called o 911 called					
o doctor called o 911 called					
o 911 called					
	Responder's Initials				