

Seizure Report Chart

Student Name: _____ DOB: _____

Date of Seizure							
Time of Onset							
Observation before Seizure							
Cries out							
Other							
Extremity Involvement:							
Both upper and lower							
Arms Affected: Right							
Left							
Legs Affected: Right							
Left							
Straight							
Bent							
Stiff							
Limp							
Verbal Sounds : Before							
During							
Face Twitching							
Mouth: Open							
Closed							
Grimacing							
Drooling							
Vomited							
Eye Movement: Staring							
Open							
Closed							
Fluttering							
Rolled Back							
Head: Turned Right							
Turned Left							
Turned Down							

Responder

Date of Seizure (cont.)							
Head: hyperextended back							
Nodding							
Body/Trunk: Rigid							
Limp							
Sitting							
Laying							
Trembling							
Jerking							
Standing							
Skin Color: Pale							
Blue							
Gray							
Red (flushed)							
Breathing: difficulty during							
difficulty after							
15 seconds							
1 minute							
Longer (? Amount)							
Incontinent: Bowel							
Urine							
Observation after seizure:							
drowsy							
confused							
sleepy (how long)							
injury							
Other: Called Sch. Nurse							
Called Parent							
Called 911							
Went Home							
Responder Initials:							

Signature(s): _____
