SEIZURE OBSERVATION RECORD

Learner Name:

Date / initials	Behavior prior or warning "aura"	Triggers or Factors	Location / Duration	Symptoms Observed	Postictal state	Parent / 911 called & outcome
			Location: Start: Stop:			Parent: Yes No 911: Yes No Sent: Home / Class
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Seizure First Aid: • Remove objects & ease to the floor to prevent injury • Record seizure start/stop & activity • Cushion head • Loosen tight clothing & remove glasses • Do not restrain • Do not put anything in mouth • Turn on side for recovery • Stay calm & with learner until fully conscious • Offer reassurance

Before: Behaviors, warnings, or triggers before seizure begins.	**During:** Symptoms observed during the seizure.	**Postictal:** Symptoms observed after the seizure (recovery).
• Time of day or month • Hormonal changes or treatment • Missed, late, or changes to medicines • sleep disruptions • Foods • Excursion or exercise • Alcohol & Drug use • Emotions • Sounds or lights • Illnesses or infections	• Mental / Cognitive: Level of awareness, alertness, confusion, speech, understanding, thinking, recall, emotions & perceptions • Sensations: Vision, body/face twitching, eye blinking or rolling, drooling • Muscle tone/movement: stiff or limp body, jerking or twitching movements, unable to move, body turning, falls, Automatic or repeated movements (lips smacking, chewing, swallowing, picking at clothes, rubbing hands, tapping feet, dressing or undressing), walking, wandering, running • Respirations: rate or pattern • Skin: color or sweating • GI: Loss of urine or bowel control	• Response to voice or touch • Awareness of name, place, time • Memory for events • Ability to talk or communicate • Weakness or numbness • Changes in mood or how person acts • Tired, need to sleep

DATE / TIME	COMMENTS	INITALS

INITALS	NAME	INITALS	NAME	INITIALS	NAME