Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please document any significant changes in seizure activity on the back of this form and contact the Primary Care Physician: Please mark off each box that occur during each seizure event. See the back of the form for observation tips.* *Follow seizure protocol if available****.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GeneralInformation | Date | 4/24 |  |  |  |  |  |  |  |  |  |
| Time | 3pm |  |  |  |  |  |  |  |  |  |
| Seizure length | 1min |  |  |  |  |  |  |  |  |  |
| Pre-SeizureObservation | Behavior change\* | N |  |  |  |  |  |  |  |  |  |
| Triggering Event\* | N/A |  |  |  |  |  |  |  |  |  |
| Vocalizations | Y |  |  |  |  |  |  |  |  |  |
| During Seizure Observation | Staring or Unresponsive | Y |  |  |  |  |  |  |  |  |  |
| Falls | N |  |  |  |  |  |  |  |  |  |
| Alert | N |  |  |  |  |  |  |  |  |  |
| Twitching/Jerk extremities | Y |  |  |  |  |  |  |  |  |  |
| Stiffening of Extremities | N |  |  |  |  |  |  |  |  |  |
| Change in color | N |  |  |  |  |  |  |  |  |  |
| Incontinent (Urine/Feces) | Y |  |  |  |  |  |  |  |  |  |
| Vocalizations/ Talking | N |  |  |  |  |  |  |  |  |  |
| Change in mental status | Y |  |  |  |  |  |  |  |  |  |
| Emesis | N |  |  |  |  |  |  |  |  |  |
| Post-SeizureObservation | Awake | Y |  |  |  |  |  |  |  |  |  |
| Confused | Y |  |  |  |  |  |  |  |  |  |
| Sleepy/tired | N |  |  |  |  |  |  |  |  |  |
| Headache | N |  |  |  |  |  |  |  |  |  |
| Combative | N |  |  |  |  |  |  |  |  |  |
| Interventions | Injuries\* | N/A |  |  |  |  |  |  |  |  |  |
| VNS Magnet | Y |  |  |  |  |  |  |  |  |  |
| Medications given\* | N |  |  |  |  |  |  |  |  |  |
| Medical Attention\* | N |  |  |  |  |  |  |  |  |  |
| Initials of Observer | DK |  |  |  |  |  |  |  |  |  |

\*See page 2 for tips for seizure observation and recording tips

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Initials | Signature | Staff Initials | Signature | Staff Initials | Signature |
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**Notes:**­­­

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|  |
| --- |
| \*Tips for Seizure Observation and Recording |
| **Behavior before the seizure:*** What was the person doing?
* Change in mood or behavior?
 | **Possible Triggers:*** Time of day
* Menstruation or Pregnancy
* Missed or a change in medication
* Irregular sleep or eating patterns
* Alcohol or other drug use
* Stress/Excitement
* Sounds/Flashing lights
* Illnesses
 |
| **What happens during:*** Change in Alertness/Mental Status
* Ability to talk and understand
* Eye twitching/blinking/rolling
* Body stiffness/limp
* Muscle jerking/twitching
* Automatic/ Repeated movements
* Change in color of skin
* Loss of urine or bowel control
 | **What happens after:*** Awareness of name, place, and time
* Ability to talk or communicate
* Weakness or numbness
* Change in mood
* Wakefulness
 |
| **Documentation:*** Length of seizure
* Length of recovery
 |

Reference: Joseph I. Sirven MD, Patty Obsorne Shafer RN, MN, Steven C, Schachter, MD, Epilepsy Foundation, accessed 24 April 2024, <https://www.epilepsy.com/manage/tracking/observation>