



# Health Tracking: Seizure

## Section 1-General Information

Individual Name: \* \_\_\_\_\_ Program Name: \* \_\_\_\_\_ Entry Date & Time: \_\_\_\_\_  
 Date: \* \_\_\_\_\_ Entered By: \_\_\_\_\_ Time zone: \_\_\_\_\_  
 Reported By: \* \_\_\_\_\_  
 Notification Level:  Low  Medium  High

## Section 2-Seizure Information

If not a Program site:  Community  Family Home Visit  Recreation/Leisure  Vehicle  
 Other: \_\_\_\_\_

Begin Time: \_\_\_\_\_ am/pm Seizure Duration \_\_\_\_\_ Min \_\_\_\_\_ Sec

### Description:

- Biting of tongue/lips  Chewing/ Lip smacking  Crying Out  Dancing or Twirling  Drooling  Eyes downward
- Eyes upward  Falling to the floor  Fidgeting with objects  Head and eyes turned to the left  Head and eyes turned to the right
- Head Drop  Jerking while conscious  Jerky arm movements left side  Jerky arm movements right side
- Limp body  Loss of bladder control  Loss of bowel control  Nausea/Vomiting  Picking at clothes/ taking off clothes
- Rapid blinking of eyes and/or small twitching movements  Rigid body  Running  Staring spell
- Sudden dropping of objects  Unconscious  Unresponsive  Violent shaking of entire body
- Other: \_\_\_\_\_

Respiration:  Absent  Deep  Fast  Normal  Shallow  Slow

Skin Color:  Ashen  Cyanotic  Flushed  Pale  Pink

### Behavior after Seizure:

- Complaints of headache  Confused  Deep Sleep  Dizziness  Drowsiness  Fever  Inability to walk or stand
- Irritability  Problems with vision  Return to activity engaged in prior to seizure
- Other: \_\_\_\_\_

### Staff Action:

- Used Vagus Nerve Stimulator  Turned person to side  Placed soft material under head  Loosened clothing around neck
- Contacted Emergency Services  Maintained safe environment  Administered Diazepam Rectal Gel (Diastat AcuDial)
- Contacted Nurse  Contacted Doctor  Other: \_\_\_\_\_

Precipitating Factors: \_\_\_\_\_

Resulting Injuries: \_\_\_\_\_

Comments: \_\_\_\_\_

SIGNATURE.....NAME.....DATE.....TIME.....am/pm

Note:- Required fields are marked with an asterisk (\*)