|  |
| --- |
| **Student Name:** |
| Date & Time: |  |  |  |
| Seizure Length: |  |  |  |
| Pre-Seizure Observation (Briefly list behaviors, triggering events, activities) |  |  |  |
| Conscious (yes/no/altered) |  |  |  |
| Injuries (briefly describe) |  |  |  |
| Muscle Tone/Body Movements | Rigid/clenching |  |  |  |
| Limp |  |  |  |
| Fell Down |  |  |  |
| Rocking |  |  |  |
| Wandering Around |  |  |  |
| Whole body jerking |  |  |  |
| ExtremityMovements | (R) arm jerking |  |  |  |
| (L) arm jerking |  |  |  |
| (R) leg jerking |  |  |  |
| (L) leg jerking |  |  |  |
| Random Movement |  |  |  |
| Color | Bluish |  |  |  |
| Pale |  |  |  |
| Flushed |  |  |  |
| Eyes | Pupils Dilated |  |  |  |
| Turned (R or L) |  |  |  |
| Rolled Up |  |  |  |
| Staring or Blinking (clarify) |  |  |  |
| Closed |  |  |  |
| Mouth | Salivating |  |  |  |
| Chewing |  |  |  |
| Lip smacking |  |  |  |
| Verbal Sounds (gagging, talking, throat clearing) |  |  |  |
| Breathing (normal, labored, stopped, noisy) |  |  |  |
| Incontinent (urine or feces) |  |  |  |
| Post-Seizure Observation | Confused |  |  |  |
| Sleepy/tired |  |  |  |
| Headache |  |  |  |
| Speech slurring |  |  |  |
| Other |  |  |  |
| Length to Orientation |  |  |  |
| Parents Notified? (time of call) |  |  |  |
| EMS Called? (call time & arrival time) |  |  |  |
| Observer’s Name |  |  |  |