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****.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| General  Information | Date | 4/24 |  |  |  |  |  |  |  |  |  |
| Time | 3pm |  |  |  |  |  |  |  |  |  |
| Seizure length | 1min |  |  |  |  |  |  |  |  |  |
| Pre-Seizure  Observation | 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-Seizure  Observation | 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>