Community Options

Data Collection for Seizures Form

Section 1 - General Information

Individual Name: _____ **Program Name:** _____

Reported By _____ **Date of Seizure:** _____

City/Region: _____**Activity prior to Seizure:** _____

Section 2- Seizure Information

Begin time _____: _____ am/pm **End time** _____: _____ am/pm

Length of Seizure: _____

Description of Seizure (check all that apply):

☐Biting of tongue/lips ☐Chewing/lip smacking ☐Drooling ☐Eyes upward ☐Eyes downward

☐Falling to the floor ☐Fidgeting with objects ☐Head/eyes to the right ☐Head/eyes to the left

☐Head drop ☐Jerking while conscious ☐Jerky right arm ☐Jerky left arm

☐Limp body ☐Loss of bladder control ☐Loss of bowel control ☐Nausea/vomiting

☐Picking at clothes/taking off clothes ☐Rapid blinking of eyes and/or twitching movements

☐Rigid body ☐Staring spell ☐Sudden dropping of objects ☐ Unconscious

☐Violent shaking of entire body ☐Grunting/groaning ☐ Partially Conscious

Respiration: ☐Normal ☐Fast ☐Slow ☐Shallow ☐Absent ☐Deep

Skin Color: ☐Pink ☐Pale ☐Flushed ☐Grayish ☐Bluish

Behavior After Seizure:

☐Confusion ☐Sleeping ☐Dizzy ☐Drowsy ☐Fever ☐ Shaky ☐Inability to walk/stand

☐Irritable ☐Problems with vision ☐Return to activity prior to seizure ☐Other:_____

Precipitating Factors: ☐Fever ☐Hunger ☐Exertion ☐Missed Medication ☐Unknown ☐Other: _____

Injury During Seizure: ☐Yes ☐No **If yes, please fill out Injury Report-Form**

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Section 3-Staff Action

Supervisor Notified: ☐**Yes** ☐**No** Name:_____

Time:_____

ER Notified: ☐**Yes** ☐**No** Time: _____ Where:_____

Transport to ER: ☐**Yes** ☐**No** Time: _____ Where:_____

If no, why not?: _____

Medication Given: ☐**Yes** ☐**No** ☐ **Does not apply to this customer**

If yes, complete below:

What was given:_____ Dosage:_____

Time:_____ Route:_____

Magnet Applied: ☐**Yes** ☐**No** ☐**Does not apply to this customer**

If yes, complete below:

Number of times:_____

Time Magnet was applied:_____ Time Magnet was applied:_____

Time Magnet was applied:_____ Time Magnet was applied:_____

Time Magnet was applied:_____ Time Magnet was applied:_____

Time Magnet was applied:_____ Time Magnet was applied:_____

If magnet was not used, please explain why (be specific): _____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

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_____

Signature:_____ **Date:**_____