# Seizure Observation Record

<table>
<thead>
<tr>
<th>Student Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time</td>
</tr>
<tr>
<td>Seizure Length</td>
</tr>
<tr>
<td>Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)</td>
</tr>
<tr>
<td>Conscious (yes/no/ altered)</td>
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<tr>
<td>Injuries (briefly describe)</td>
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</tbody>
</table>

## Muscle Tone/Body Movements
- Rigid/clenching
- Limp
- Fell down
- Rocking
- Wandering around
- Whole body jerking

## Extremity Movements
- (R) arm jerking
- (L) arm jerking
- (R) leg jerking
- (L) leg jerking
- Random Movement

## Color
- Blush
- 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, etc.)

## Breathing (normal, labored, stopped, noisy, etc.)

## 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

*Please put additional notes on back as necessary.*