Seizure Record

NAME: ______________________________________ CASE NUMBER:________________

CHRONOLOGY	DESCRIPTION (Check all appropriate conditions observed)			NURSE NOTIFIED		SIGNATURE/TITLE
DATE:	_____AURA	_____BLANK STARE	_____TONIC/CLONIC	YES	NO	
TIME STARTED_________AM	_____FELL					
_________PM	_____INCONTINENT	TWITCHING:	JERKING EXTREMITIES:			
TIME ENDED _________AM	_____SLEEP AFTER SEIZURE	_____EYELID - R	_____ARM - R			
_________PM	_____RAPID EYE MOVEMENTS	_____EYELID - L	_____ARM - L			
	_____CYANOTIC (skin bluish)	_____FACE - R	_____LEG - R			
		_____FACE - L	_____LEG - L			
DATE:	_____AURA	_____BLANK STARE	_____TONIC/CLONIC	YES	NO	
TIME STARTED_________AM	_____FELL					
_________PM	_____INCONTINENT	TWITCHING:	JERKING EXTREMITIES:			
TIME ENDED _________AM	_____SLEEP AFTER SEIZURE	_____EYELID - R	_____ARM - R			
_________PM	_____RAPID EYE MOVEMENTS	_____EYELID - L	_____ARM - L			
	_____CYANOTIC (skin bluish)	_____FACE - R	_____LEG - R			
		_____FACE - L	_____LEG - L			
DATE:	_____AURA	_____BLANK STARE	_____TONIC/CLONIC	YES	NO	
TIME STARTED_________AM	_____FELL					
_________PM	_____INCONTINENT	TWITCHING:	JERKING EXTREMITIES:			
TIME ENDED _________AM	_____SLEEP AFTER SEIZURE	_____EYELID - R	_____ARM - R			
_________PM	_____RAPID EYE MOVEMENTS	_____EYELID - L	_____ARM - L			
	_____CYANOTIC (skin bluish)	_____FACE - R	_____LEG - R			
		_____FACE - L	_____LEG - L			
DATE:	_____AURA	_____BLANK STARE	_____TONIC/CLONIC	YES	NO	
TIME STARTED_________AM	_____FELL					
_________PM	_____INCONTINENT	TWITCHING:	JERKING EXTREMITIES:			
TIME ENDED _________AM	_____SLEEP AFTER SEIZURE	_____EYELID - R	_____ARM - R			
_________PM	_____RAPID EYE MOVEMENTS	_____EYELID - L	_____ARM - L			
	_____CYANOTIC (skin bluish)	_____FACE - R	_____LEG - R			
		_____FACE - L	_____LEG - L			