

SEIZURE OBSERVATION RECORD

Resident: _____ Year: _____

DATE									
Time: (am or pm)									
Duration: (give min/sec)									
Aura (cry before seizure)									
Fall									
Injury (requires incident report)									
Unconscious									
Difficulty in Breathing									
Turned Blue									
Biting of Tongue									
Foaming of Mouth									
Jerking Body									
Urinating (wetting)									
Bowel Movement									
Staring Eyes (in a daze)									
Lip Smacking									
Pill Rolling (with fingers)									
Hearing Sounds									
Drowsy or Sleeps (more than usual)									
Other:									
Your Initials: (write clearly)									

First Aid of Seizure Activity:

1. Keep calm! The person is usually not suffering or in danger.
2. Loosen tight clothing – DO NOT RESTRAINT MOVEMENTS.
3. After jerking stops and resident is still unconscious, turn the resident on their side.
4. DO NOT PUT ANYTHING BETWEEN THE TEETH!
5. Do not give them anything to drink.
6. Stand by until consciousness is recovered – Resident should be able to answer questions.
7. Allow rest period (10 minutes to ½ hour) then encourage participation in regular activities.
8. It is rarely necessary to call paramedics; however, in cases of prolonged seizures, recurring seizures or injury, it may be necessary to get professional help.

CHECK SYMPTOMS NOTED DURING SEIZURE ACTIVITY!