



SEIZURE ACTIVITY LOG

Name: _____ Date of Birth: _____

Date	Time	Circumstances Preceding (activity participating in)	Describe Seizure	Length of seizure	Actions Taken	Behavior After Seizure	Initials

***** IF YOU GIVE A CONTROLLED DRUG PLEASE DOCUMENT ON PRN MED SHEET AND CONTROLLED DRUG SHEET! *****

Families First
11 University Way, Brattleboro, VT. 05301
Phone: 802-275-4919
Fax: 802-275-4922
Email: nurse@familiesfirstvt.org



Signature	Initials	Signature	Initials

Service Coordinator's Signature: _____ Date Received: _____ Agency _____

Nurse's Signature: _____ Date Received: _____

What to look for and note above:

- How did the seizure start? Did the seizure start in just one part of the body and then spread, or did it involve the whole body from the beginning?
- Was there smacking or licking of the lips? Eyelid fluttering? Picking or fumbling motions of the hands?
- Were they able to respond to any outside stimulation (for example - name called, gently shaking shoulders)? Was the response normal, confused, or no response?
- Was there stiff or jerking movements?
- Was the jaw clenched or the tongue bitten?
- Was there any change in the person's color or breathing?
- How long did the actual seizure last?

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