

Seizure Observation Log

This form is designed to be used for general communication between direct care staff, supervisory staff, legal representatives and medical professionals to support the well-being of people who may experience a seizure. **All sections should be completed for each seizure that occurs.**

Name of Person _____ Age or Date of Birth _____
Last name (please print), First name (please print)

Date	Time	Length of Seizure (seconds or minutes)	Seizure Observations* (You can use numbers below)	Recovery Observations	Comments (if any)	Name of Person Making the entry (please print)

*Possible observations include:

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|------------------------------|------------------------|------------------------------------|--|
| 1. Sudden Stare | 4. Sudden onset nausea | 7. Gradual recover (minutes) | 10. Unconsciousness |
| 2. Unresponsive to name | 5. Vision problems | 8. Stiffening, convulsive activity | 11. Slow recovery (confused & needing sleep) |
| 3. Prompt recovery (seconds) | 6. Jerking of a limb | 9. Labored breathing | |