

ATTACHMENT E – Seizure Report

Hillcrest Educational Centers, Inc. Seizure Report

Student Name: _____ Date: _____ Time: _____

Campus: _____ Location: _____

Observer's Name: _____

Description of Onset: _____

Circle All Responses That Apply

Abnormal Muscle Activity:

Rigidity:	Arms	right side		Jerking:	Arms	right side
	Legs	left side			legs	left side
	Jaw	both sides			jaw	both sides
	Trunk				trunk	

Dropping:	Head		Eye Movements:	staring
	Trunk			blinking
	Entire body			fluttering

Other: Lip smacking
Grimacing
Unusual hand movements
Fumbling with clothing or objects
Unusual noises
Please describe: _____

Respirations: Regular irregular labored

Airway:	Clear		Skin Color:	normal
	Mucous in mouth			dusky
	Vomit			blue

Incontinence:	Bowel	yes	no
	Bladder	yes	no

Responsiveness: to voice to touch unresponsive

Length of actual seizure activity: _____

Behavior after seizure: lethargy sleep agitation unconsciousness
Duration of behavior _____

Did student have recall of seizure? Yes no
Did student sustain any injury? yes no

Describe: _____

Nurse/Staff Signature: _____