

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 _____
Lastname (please print), Firstname (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) |
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*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. Laboured breathing | |