

Clarksville-Montgomery County School System
HEALTH SERVICES
SEIZURE REPORT FLOW SHEET

Student Name:		Grade:	Class:	D.O.B:				
	Date of each seizure:							
	Time of onset:							
	Total Time Involved:							
<i>Place checks in appropriate columns to right:</i>								
OBSERVATION BEFORE SEIZURE								
	cries out							
	other							
OBSERVATION DURING SEIZURE								
Extremities:	straight							
indicate LUE, RUE, LLE, RLE	bent							
	stiff							
	limp							
Verbal sounds:	before							
	during							
Face twitching:	yes/no							
Mouth:	open							
	closed							
	grimacing							
Drooling:	yes/no							
Vomited:	yes/no							
Eye movement:	staring							
	open							
	closed							
	fluttering							
	rolled back							
Head:	turned right							
	turned left							
	turned down							
	hyperextended back							
	nodding							
Body-trunk:	rigid							
	limp							
	sitting							
	laying							
	trembling							
	jerking							
	standing							
Skin color:	pale							
	grey							
	blue							
	red (flushed)							

Seizure Report Flow Sheet

Breathing:	difficulty during						
	difficulty after						
	15 seconds						
	1 minute						
	longer (chart length)						
Incontinent:	bladder						
	bowel						
OBSERVATION AFTER SEIZURE							
	drowsy						
	confused						
	slept (chart length)						
Other:	injury						
	School nurse attending						
	parent called						
	child went home						
	doctor notified						
	911 notified						

Name and signature of responder:

Additional comments or observations as follows: