

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)						

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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						
MEDICATIONS GIVEN, If applicable							

Name and signature of responder:

Additional comments or observations as follows: