



Seizure Tracking Chart (established)

Name:	DOB:
Month/Year:	
Seizure Medication(s)/Dosage(s)/Schedule(s):	
Neurologist/Primary Care Physician:	
Contact Information:	

Seizure Management Plan	
<input type="checkbox"/> If two or more seizures occur without recovery of consciousness (obeys commands or gives meaningful response to a question), then:	
<input type="checkbox"/> If a single seizure lasts longer than _____ minutes, then:	
Who to Call:	

Instructions

For patients who have more than one type of seizure, enter a description below. For example, for Seizure Type A, a tonic-clonic seizure may be described as: "seizure during which patient falls to ground, has stiffening/jerking of all four extremities, and is unconscious throughout the event". The corresponding letter assigned to the "Seizure Type" can then be used in the tracking table below. Describe any unusual symptoms/conditions in the "Notes/Precipitating Events" section.

Seizure Type	Description
A	
B	
C	

Date/Time	Duration	Seizure Type (See above)	Medication(s) Administered	Vital Signs	Initials
	____ mins. ____ secs.				
Notes/Precipitating Event(s):				Who Was Notified:	

Date/ Time	Duration	Seizure Type (See above)	Medication(s) Administered	Vital Signs	Initials
	____ mins. ____ secs.				

Notes/Precipitating Event(s):

Who Was Notified:

Date/ Time	Duration	Seizure Type (See above)	Medication(s) Administered	Vital Signs	Initials
	____ mins. ____ secs.				

Notes/Precipitating Event(s):

Who Was Notified:

Date/ Time	Duration	Seizure Type (See above)	Medication(s) Administered	Vital Signs	Initials
	____ mins. ____ secs.				

Notes/Precipitating Event(s):

Who Was Notified:

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