SEIZURE TRACKING CHART (detailed)

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

Seizure Management Plan

☐ If two or more seizures occur without recovery of consciousness (obeys commands or gives meaningful response to a question), then:

☐ If a single seizure lasts longer than _____ minutes, then:

Who to Call:

DATE/ TIME	DURATION	DESCRIPTION—CHECK ALL CONDITIONS OBSERVED				MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS
	_____ ☐ Seconds ☐ Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose blue	☐ Rapid eye movement ☐ Sleep after seizure ☐ Vomiting after seizure ☐ Wet pants	Twitching: ☐ Eyelid: R / L ☐ Face: R / L ☐ Other: see notes	Jerking: ☐ Arm: R / L ☐ Leg: R / L			
Notes/Precipitating Event(s):						Who Was Notified:		

DATE/ TIME	DURATION	DESCRIPTION—CHECK ALL CONDITIONS OBSERVED				MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS
	_____ ☐ Seconds ☐ Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose blue	☐ Rapid eye movement ☐ Sleep after seizure ☐ Vomiting after seizure ☐ Wet pants	Twitching: ☐ Eyelid: R / L ☐ Face: R / L ☐ Other: see notes	Jerking: ☐ Arm: R / L ☐ Leg: R / L			
Notes/Precipitating Event(s):						Who Was Notified:		

DATE/ TIME	DURATION	DESCRIPTION—CHECK ALL CONDITIONS OBSERVED				MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS
	______ ☐ Seconds ☐ Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose blue	☐ Rapid eye movement ☐ Sleep after seizure ☐ Vomiting after seizure ☐ Wet pants	Twitching: ☐ Eyelid: R / L ☐ Face: R / L ☐ Other: see notes	Jerking: ☐ Arm: R / L ☐ Leg: R / L			
Notes/Precipitating Event(s):						Who Was Notified:		

DATE/ TIME	DURATION	DESCRIPTION—CHECK ALL CONDITIONS OBSERVED				MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS
	______ ☐ Seconds ☐ Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose blue	☐ Rapid eye movement ☐ Sleep after seizure ☐ Vomiting after seizure ☐ Wet pants	Twitching: ☐ Eyelid: R / L ☐ Face: R / L ☐ Other: see notes	Jerking: ☐ Arm: R / L ☐ Leg: R / L			
Notes/Precipitating Event(s):						Who Was Notified:		

DATE/ TIME	DURATION	DESCRIPTION—CHECK ALL CONDITIONS OBSERVED				MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS
	______ ☐ Seconds ☐ Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose blue	☐ Rapid eye movement ☐ Sleep after seizure ☐ Vomiting after seizure ☐ Wet pants	Twitching: ☐ Eyelid: R / L ☐ Face: R / L ☐ Other: see notes	Jerking: ☐ Arm: R / L ☐ Leg: R / L			
Notes/Precipitating Event(s):						Who Was Notified:		

Revised: 4.4.2014