

SEIZURE TRACKING CHART (detailed)

Name:	DOB:			Seizure Management Plan						
Month/Year: Seizure Medication(s)/Dosage(s)/Schedule(s):					☐ 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:					
Neurologist/Primary Care Physician:										
Contact Information:					Who to Call:					
DATE/ TIME	DURATION		DESCRIPTION—CHECK A	ALL C	ONDITIONS OBSERVED)	MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS	
	Seconds Minutes	☐ Aura ☐ Blank stare ☐ Fall ☐ Lips/nose bl	☐ Sleep after seizure ☐ Vomiting after seizu	☐ Vomiting after seizure		Jerking: ☐ Arm: R / L ☐ Leg: R / L				
Notes/Preci	pitating 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 bl	☐ Rapid eye moveme ☐ Sleep after seizure ☐ Vomiting after seizuue ☐ 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	С	DESCRIPTION—CHECK ALL C	MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS		
		☐ Aura	☐ Rapid eye movement	Twitching:	Jerking:			
		☐ Blank stare	☐ Sleep after seizure	☐ Eyelid: R / L	☐ Arm: R / L			
	☐ Seconds	☐ Fall	☐ Vomiting after seizure	☐ Face: R / L	☐ Leg: R / L			
	☐ Minutes	☐ Lips/nose blue	☐ Wet pants	☐ Other: see notes	_			
Notes/Preci	i pitating Event(<u> </u>	Who Was Notified:		<u> </u>			
·		•						
DATE/ TIME	DURATION	С	DESCRIPTION—CHECK ALL C	MEDICATION(S) ADMINISTERED	VITAL SIGNS	INITIALS		
		☐ Aura	☐ Rapid eye movement	Twitching:	Jerking:			
		☐ Blank stare	☐ Sleep after seizure	☐ Eyelid: R / L	☐ Arm: R / L			
	☐ Seconds	☐ Fall	☐ Vomiting after seizure	☐ Face: R / L	☐ Leg: R / L			
	☐ Minutes	☐ Lips/nose blue	☐ Wet pants	☐ Other: see notes	_			
Notes/Preci	 pitating Event(:	<u></u> s):	Who Was Notified:		<u> </u>			
		,						
DATE/			MEDICATION(S)					
TIME	DURATION	0	DESCRIPTION—CHECK ALL C	ADMINISTERED	VITAL SIGNS	INITIALS		
		☐ Aura	☐ Rapid eye movement	Twitching:	Jerking:			
		☐ Blank stare	☐ Sleep after seizure	☐ Eyelid: R / L	☐ Arm: R / L			
	☐ Seconds	☐ Fall	☐ Vomiting after seizure	☐ Face: R / L	☐ Leg: R / L			
	☐ Minutes	☐ Lips/nose blue	☐ Wet pants	☐ Other: see notes				
Notes/Preci	pitating Event(s):	Who Was Notified:		<u>.i</u>			
								Revised: 4.4.201

