

Witnessing a Seizure (Use this table to help record your observations)

Before the Seizure					
Location					
Preceipitating Factors	None	Anxious	Stressed	Tired	Other
Preceding Symptoms/ Feelings	Irritable	Impulsive	Nauseous	Strange Sensations	Other
Position at Onset	Sitting	Standing	Lying	Other	
During the Seizure					
Time at onset		Time at end of seizure		Duration of seizure	
Did the child fall?	Yes / No	Forwards/ Backwards	Description:		
Breathing	Rapid	Shallow	Deep	Laboured	Other
Colour	Note any changes in skin tone, particularly around the mouth and extremities.				
Describe any Movements of:					
Head					
Arms					
Legs					
Eyes	Deviated to the left	Deviated to the right	Pupils dilated	Other	
Level of awareness/ responsiveness	Fully aware	Reduced awareness	Responsive to voice	Responsive to touch	No responses
Any Injury	Tongue	Limbs	Head	Other	
Incontinence	Urinary: Yes / No		Faecal: Yes No		
Action Taken					

After the Seizure (briefly describe each of the following)				
<p>Level of alertness</p> <p>Immediately following seizure</p> <p>5 minutes after seizure</p>				
Maintenance of alertness				
Level of confusion				
Muscle weakness				
Total duration of event				
Total recovery time				
Treatment Given	Medication	Strength	Time of administration	Response
Parents Informed		Signed		
Print name				
Date			Time	