# SEIZURE OBSERVATION LOG

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizure Length</td>
<td></td>
</tr>
<tr>
<td>Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)</td>
<td></td>
</tr>
<tr>
<td>Conscious (yes/no/altered)</td>
<td></td>
</tr>
<tr>
<td>Injuries (briefly describe)</td>
<td></td>
</tr>
</tbody>
</table>

**Muscle Tone/Body Movements**
- Rigid/clenching
- Limp
- Fell down
- Rocking
- Wandering around
- Whole body jerking

**Extremity Movements**
- (R) arm jerking
- (L) arm jerking
- (R) leg jerking
- (L) leg jerking
- Random Movement

**Color**
- Bluish
- Pale
- Flushed

**Eyes**
- Pupils dilated
- Turned (R or L)
- Rolled up
- Staring or blinking (clarify)
- Closed

**Mouth**
- Salivating
- Chewing
- Lip smacking

**Verbal Sounds (gagging, talking, throat clearing, etc.)**

**Breathing (normal, labored, stopped, noisy, etc.)**

**Incontinent (urine or feces)**

**Post-Seizure Observation**
- Confused
- Sleepy/tired
- Headache
- Speech slurring
- Other

**Length to Orientation**

**Parents Notified? (time of call)**

**9-1-1 Called? (call time & arrival time)**

**Observer’s Name**