## SEIZURES – DAILY SEIZURE MONITORING CHART – Year: 20\_\_\_\_

		Name:				DOB:					
<ul> <li>Instructions:</li> <li>Use for frequent, short seizures.</li> <li>Fill out the chart below for each time a seizure occurs.</li> <li>If new or unstable seizures, use "Seizure Record – New or Unstable Seizures" monitoring chart instead.</li> </ul>					ls a pr Has it e PRN n	Seizure Protocol: Is a protocol in place? Has it been updated this year?  PRN medications: Are they used as per protocol?			YES (If YES, refer to Protocol) YES YES		
DATE	TIME	LENGTH of Seizure		DATE	TIME	LENGTH of Seizure		DATE	TIME	LENGTH of Seizure	
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