

Seizure Record To Establish Baseline – New Or Unstable Seizures

Name		Date of Birth
First	Last	

CALL 911: if seizure lasts more than 5minutes, if there is a impairment of breathing, or if patient continues to go in and out of seizures.

NOTIFY PHYSICIAN: if there is a change in the duration, frequency, or pattern of the seizures.

	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)
WHEN	Time of day					
	Duration (use watch; minutes/seconds):					
BEFORE SEIZURE	Possible triggers					
	Warning or aura					
WHAT HAPPENED DURING SEIZURE	Conscious					
	Unconscious not responding to name or pain					
	Fell during seizure					
	Confused					
	Skin colour change (e.g., blue, grey, pale, red)					
	Muscles stiffen Which side/ which muscles?					
	Muscles jerk Which side/ which muscles?					
	Became limp					
	Bit tongue					
	Eyes rolled back					
	Eyes stared					
	Cried out					
	Incontinent (Urine or BM)					
Breathing (fast rate, noisy, heavy, stopped)						
AFTER SEIZURE	Sleeping/tired – how long?					
	Confused					
	Headache					
	Speech slurred					
	Increased activity					
COMMENTS						

***Possible triggers** – fatigue, exercise, hypoglycemia (low blood sugar), emotional stress, infection, alcohol, abnormal breathing menses, being startled, flashing lights, temperature changes, missed seizure medications, recent prescription change.

Provide the following information at a doctor’s visit:

- Any seizures since last visit? If yes: how many and detailed description. Any injury from seizure? Any medication used to stop the seizure?
- Has there been any change in the patient’s behavior/health from his/her baseline? Check as it applies.

<input type="checkbox"/> dizziness	<input type="checkbox"/> changes in way patient walks (gait)	<input type="checkbox"/> fainting spell	<input type="checkbox"/> sleep disturbance
<input type="checkbox"/> self-injury	<input type="checkbox"/> agitation without valid reason	<input type="checkbox"/> drowsiness	<input type="checkbox"/> other symptoms
- Up-to-date list of all medications patient is currently taking and whether there were recent changes, or missed medications.

Adapted from Community Living Toronto, Rehabilitative Resources, Inc, Sturbridge MA, and Westchester Institute for Human Development