SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**SEIZURE RECORD**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Case # Home

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time Duration

|  |  |  |
| --- | --- | --- |
| **NOTED PRIOR TO SEIZURE** | **NOTED DURING SEIZURE** | **NOTED AFTER SEIZURE** |
| Crying out | Falling to the left | Vomit |
| Confusion | Falling to the right | Soiled |
| Vomiting | Falling forward | Wet |
| Change in behavior | Falling backward | Disoriented |
| No change in behavior | Frothy saliva | Asleep |
| Other | Eye movement: upward | Drowsy |
| None of the above | Eye movement: left | Responsive |
|  | Eye movement: right | Injury: |
|  | Staring |  |
|  |  |  |
|  | Physical rigidity | Other: |
|  | Rhythmic jerking of the body |  |
|  | Non-responsiveness for:\_\_\_\_\_seconds\_\_\_\_\_minutes |  |
|  | Inability to breathe |  |
|  | Blue color to lips, nails |  |
|  | Other: |  |
|  |  |  |
|  |  |  |

Prescribed medication given: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

If NO, state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Reported: \_\_\_\_\_\_\_ A.M. Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 P.M. Signature/Title

Reported to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title

Comments/Description if needed:

Original to Sanilac CMH record; copy to home, copy to Program Supervisor