



| Person Receiving Support: | Site: | |
|---------------------------|-------|--|
| reison neceiving Support. | 5ite. | |

| | | Date/Time: |
|-----------------------|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Before Seizure | | | | | | | | | | | | |
| Triggers | | | | | | | | | | | | |
| Observations | Awake or asleep? | | | | | | | | | | | |
| | Sleep position | | | | | | | | | | | |
| | Restless or cry out? | | | | | | | | | | | |
| | Recently ate? | | | | | | | | | | | |
| | Physically active? | | | | | | | | | | | |
| During Seizure | | | | | | | | | | | | |
| Awareness | Fully Aware | | | | | | | | | | | |
| | Confused | | | | | | | | | | | |
| | Responds to voice | | | | | | | | | | | |
| | Non-responsive | | | | | | | | | | | |
| Facial Expression | Staring | | | | | | | | | | | |
| | Twitching | | | | | | | | | | | |
| | Eyes rolling | | | | | | | | | | | |
| | Eyes blinking | | | | | | | | | | | |
| Head Movement | Sudden Head Movement | | | | | | | | | | | |
| | Turns to one side | L R | L R | L R | L R | L R | L R | L R | L R | L R | L R | L R |
| | Turns side to side | | | | | | | | | | | |
| Body Stiffness | Whole body | | | | | | | | | | | |
| | Legs | | | | | | | | | | | |
| | Arms | | | | | | | | | | | |

| Effective | Revised | Owner: | Form # | Page 1 of 2 |
|----------------|----------|---------------------------------|--------|-------------|
| September 2012 | May 2020 | Operations & Compliance Manager | HE03b | |



| | | | | | | | | 1 | | detpii Wetting | | |
|---------------------|------------------------|------------|------------|------------|------------|------------|------------|------------|------------|----------------|------------|------------|
| | | Date/Time: | Date/Time: | Date/Time: |
| Jerking | Whole body | | | | | | | | | | | |
| Movement | Arms | | | | | | | | | | | |
| | Legs | | | | | | | | | | | |
| Automatic | Hand clapping, rubbing | | | | | | | | | | | |
| Movement | Lip smacking, chewing | | | | | | | | | | | |
| | Walking, wandering | | | | | | | | | | | |
| | Running | | | | | | | | | | | |
| Speech | Able to talk normally | | | | | | | | | | | |
| | Unable to talk | | | | | | | | | | | |
| | Incoherent | | | | | | | | | | | |
| Fall | Fall: Yes/No | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N | Y N |
| | Forward/Backward | F B | F B | F B | F B | F B | F B | F B | F B | F B | F B | F B |
| After Seizure | | | | | | | | | | | | |
| | Fully Aware | | | | | | | | | | | |
| | Responds Normally | | | | | | | | | | | |
| | Confused | l i | ir | | i. | | | | | | | i. |
| | Tired | | | | | | | | | | | |
| | Asleep | | | | | | | | | | | |
| | Agitated/Irritable | II | li . | | li . | | | | | | | |
| | Incontinent: Y/N | | | | | | | | | | | |
| | Injury: Type/No | | | | | | | | | | | |
| Duration of seizure | | | | | | | | | | | | |
| Interventions | | | | | | | | | | | | |
| Initials | | | | | | | | | | | | |

| Effective | Revised | Owner: | Form # | Page 2 of 2 |
|----------------|----------|---------------------------------|--------|-------------|
| September 2012 | May 2020 | Operations & Compliance Manager | HE03b | |