

SEIZURE ACTIVITY LOG

NOTE: This should be accompanied by a *Seizure Care Plan* established and on-file for this child.

Name of Child: _____

Room: _____

DATE	TIME	CIRCUMSTANCES PRECEDING (activity participating in)	DESCRIBE SEIZURE*	LENGTH OF SEIZURE	ACTIONS TAKEN BY STAFF	CHILD'S BEHAVIOR AFTER SEIZURE	STAFF INITIALS

***What To Look For and Note Above:**

- *How did the seizure start? Did the seizure start in just one part of the body and then spread, or did it involve the whole body from the beginning?*
- *Was there smacking or licking of the lips? Eyelid fluttering? Picking or fumbling movements of the hands?*
- *Was the child able to respond to any outside stimulus (for example, name called, gently shaking shoulder)? Was the response normal/confused/no response?*
- *Were there stiff and/or jerking movements?*
- *Was the jaw clenched or the tongue bitten?*
- *Was there any color change or breathing problem?*
- *How long did the actual seizure last?*