Seizure Record

Name: _____ School: _____

Date	Time & Length of Episode	Activity Prior to Episode (short description)	Stiffening & Relaxation a) R arm b) R leg c) L arm d) L leg e) ALL	Incontinence a) Bowel b) Bladder	Respirations a) Gasping b) Gulping c) Absent	Eyes a) fixed b) staring c) rolled back	a)drooling b)vomiting c)diaphoresis (sweating)	Other	Color a) pailor b) cyanosis c) flushed d) no change	a)injuries yes/no b) falling	Tremors a) R arm b) R leg c) L arm d) L leg	Signature