Seizure Event Record

About the person and what happened

Complete as soon as practical after the event. Record what you observed rather than guessing.

Person and event details

Person's name **Date of birth**

Date of event **Start time** **End time**

Observed by **Location**

At the start ☐ Awake ☐ Asleep **Activity just before**

Timing and usual pattern

Total duration **Number in cluster** **Compared with usual** ☐ Usual

☐ Shorter ☐ Longer ☐ Different or new ☐ Seizure type known

Known seizure type or family's name for this event

Before the seizure

Tick anything that may have been relevant. A tick does not prove that it caused the seizure.

☐ Illness or fever ☐ Poor or disrupted sleep ☐ Missed or late medicine

☐ Stress or excitement ☐ Pain or constipation ☐ Menstrual or hormonal change

☐ Flashing light or pattern ☐ Change in routine ☐ No possible trigger noticed

Other possible trigger or change

Warning signs or unusual behaviour before the event

During the seizure

Awareness and responsiveness

☐ Aware and responsive ☐ Staring or dazed ☐ Confused ☐ Unresponsive or unconscious

Body and movement

☐ Stiff ☐ Floppy ☐ Jerking or twitching

☐ Fell ☐ Repeated movements ☐ No obvious movement

Body part and side affected **Position found in**

Other observations

☐ Breathing changed ☐ Colour changed ☐ Eyes turned

☐ Unusual sound or speech ☐ Incontinence ☐ Tongue or cheek bitten

Describe the event in your own words, including the order in which things happened

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Care given and recovery

Complete as soon as practical after the event. Record what you observed rather than guessing.

Care and action taken

- [ ] Kept safe and area cleared
- [ ] Position changed
- [ ] Timed the seizure
- [ ] Seizure action plan followed
- [ ] Video recorded safely
- [ ] Emergency services called

Other action or first aid given

Rescue medication

- [ ] Not required
- [ ] Given according to the person's plan
- [ ] Due but not given

Medicine **Dose** **Time given**

Effect and time seizure stopped

Second dose or other prescribed action

Injury and urgent medical help

- [ ] No injury noticed
- [ ] Injury noticed
- [ ] Emergency services called
- [ ] Hospital visit

Injury details

Reason urgent help was needed and outcome

After the seizure and recovery

Tick all that applied during recovery.

- [ ] Sleepy or slept
- [ ] Confused
- [ ] Upset or frightened
- [ ] Weak or unsteady
- [ ] Headache or pain
- [ ] Returned to usual self quickly

Time responsive again **Time back to usual baseline**

Food, drink, sleep or comfort needed afterwards

Follow-up and additional notes

- [ ] Healthcare team informed
- [ ] Record or video shared
- [ ] Action plan review requested

Healthcare professional informed and date **Parent or caregiver signature**

Anything else that may help the family or healthcare team understand this event

Sources: epilepsysociety.org.uk/Recording-information-seizures and epilepsy.com/manage/tracking/seizure-diaries