SEIZURE CHART	
CLIENT NAME.	

To be filled out by direct care staff and nursing staff witnessing a seizure. Please initial each entry and sign under name of recorder.

Date	Time	Duration	Activity	Evidence of	Seizure	Autonomic	Level of	Post-ictal	Name of
	711110	Buruion	at onset	partial onset Head/eye deviation One sided deviation Partial paralysis	activity Happening physically	Signs Cyanosis, sweating, incontinence, salivation	consciousness During/after seizure responses to name/surrounding	state (after seizure levels of consciousness)	recorder