

# SIDDHARTH SERVICES, INC.

*In pursuit of overall well being*

## Seizure Report

Client Name: \_\_\_\_\_ Client Code: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Seizure: \_\_\_\_\_ Length of seizure: \_\_\_\_\_ Min/Sec \_\_\_\_\_

Staff member reporting the incident: \_\_\_\_\_

Address/Location where he seizure occurred: \_\_\_\_\_

Activity at time of seizure: \_\_\_\_\_

### Check all that apply:

#### Mental State:

- Unchanged
- Dazed
- Unconscious
- Confused
- Unable to Follow Commands

#### Color:

- Flushed
- Pale
- Bluish
- Bluish - Mouth Only
- No Change

#### Eyes:

- Turned Right
- Turned Left
- Rolled Up
- Stared Straight
- Blinking
- Closed Eyes

#### Movement:

Jerking:

- Whole Body
- Right Arm
- Left Arm
- Right Leg
- Left Leg
- Jack Knifed
- Repetitive Movement (Describe) \_\_\_\_\_

#### Muscle Tone:

Rigid Limp

- Whole Body
- Right Arm
- Left Arm
- Right Leg
- Left Leg

#### Mouth:

- Drooled
- Chewed
- Swallowed
- Smacked Lips
- Other: \_\_\_\_\_

#### Incontinent:

- Bladder
- Bowel

#### Breathing:

- Normal
- Became Noisy
- Stopped Breathing
- How Long? \_\_\_\_\_ (seconds)

#### Voice:

- Cried Out
- Continuous Cry
- Talked (describe) \_\_\_\_\_

**After Seizure:**  Awake  Sleepy  Confused  Other: \_\_\_\_\_

Comments: (Include any ***injury*** and/or ***how long before the individual resumed normal activity.***)

Seizure reported to:  Supervisor  Guardian  Home Provider  Nurse  Case Manager  Other

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_