Seizure Report

**Consumer’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Seizure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Time of Seizure:** \_\_\_\_\_\_\_\_\_ **AM PM**

**Reporter’s Name** (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of Seizure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS:** Staff who observed the seizure should complete the Seizure Report and forward it directly to Health Support Nurse by the next business day. The Health Support Nurse will review the Seizure Report and generate a Med Note to the Consumer’s Cottonwood support team. If outside TCM and/or non-Cottonwood Designated Healthcare Coordinator then a separate Med Note will be sent to the appropriate party. If the form is completed by Cottonwood Day Services staff, the Consumer’s Work Services/Life Enrichment Coordinator (or proxy) contacts the Consumer’s non-Cottonwood Designated Healthcare Coordinator.

**A. Place seizure occurred** (at home, room, work area, riding van, at movies…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Any indication that a seizure was about to occur?** If so, describe: (was person confused, complaining of funny smells, excessive blinking, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Activity when seizure occurred**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Has the person been ill? \_\_\_\_Yes \_\_\_\_ No If yes, explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did the person fall: \_\_\_\_Yes \_\_\_\_ No** (If yes, no Injury/Fall/Choking Report is necessary.)

**Describe the seizure** (give an objective account with physical descriptors of the seizure):

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**Does the person have a Vagus Nerve Stimulator (VNS) implant:** **\_\_\_\_Yes \_\_\_\_ No**

**If yes, was it used: \_\_\_\_Yes \_\_\_\_ No**

**B**. **After the Seizure:**

**Did the person sleep? \_\_\_\_ Yes \_\_\_\_ No If yes, how long?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did the person appear drowsy? \_\_\_ Yes \_\_\_ No If yes, how long?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did the person appear weak? \_\_\_ Yes \_\_\_ No If yes, what part of body appeared weak?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Did the person respond to questions and appear oriented after the seizure? \_\_\_ Yes \_\_\_ No**

**If no, how long did disorientation last?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe how the person was disoriented?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Was ambulance called? \_\_\_ Yes \_\_\_ No Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional remarks**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reporter’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**See standard seizure care guidelines on the reverse of this form.**

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| **Seizure Care**In the event a seizure occurs, staff are instructed to: 1. Remain calm and start timing the seizure.
2. Avoid holding the person down or restraining movement in any way.
3. Clear area to prevent injury.
4. Place something soft under the head to be used as a pillow.  Be aware that the person may have uncontrolled abrupt movements.
5. Turn the person on their side and loosen any tight-fitting clothing.
6. Avoid opening the person’s mouth and forcing anything between their teeth.
7. Call an ambulance in the event that any of the following occur unless, trained to respond differently for a specific consumer.
8. The seizure is atypical for that person.
9. There is a series of attacks, one following another in rapid succession.
10. Individual does not respond to a tap or a shout.
11. It is a first time seizure.
12. The seizure lasts more than 3 minutes.
13. A head injury is involved.
14. The person is diabetic.
15. Appears confused after seizure for more than 10 to 15 minutes.
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