Bellevue School District -- SEIZURE OBSERVATION RECORD - 3418P Exhibit C

Student Demographics and Health History		
Date:	Time:	School Name
Student:	**DOB:**	Age:

Pre-Seizure Observation/Possible Triggers:

Seizure Activity Observation:					
Demeanor			Body		
• Abnormal/Confused Speech	☐ Yes	☐ No	• Rigid	☐ Yes	☐ No
• Aware/Oriented	☐ Yes	☐ No	• Fell down	☐ Yes	☐ No
• Loss of Consciousness	☐ Yes	☐ No	• Shaking/Jerking	☐ Yes	☐ No
Head			• Wandering	☐ Yes	☐ No
• Abnormal movement	☐ Yes	☐ No	• Rocking	☐ Yes	☐ No
Eyes			Arms		
• Turned R or L	☐ Yes	☐ No	• Jerking/Shaking	☐ Yes	☐ No
• Turned up or down	☐ Yes	☐ No	• Random Movements	☐ Yes	☐ No
• Staring	☐ Yes	☐ No	Legs		
• Fluttering/twitching	☐ Yes	☐ No	• Jerking/Shaking	☐ Yes	☐ No
Mouth			• Random Movements	☐ Yes	☐ No
• Smacking/Chewing	☐ Yes	☐ No	Bowel/Bladder	☐ Yes	☐ No
• Twitching	☐ Yes	☐ No	• Incontinent	☐ Yes	☐ No
• Pulled to one side	☐ Yes	☐ No	Other		
Breathing			• Bluish coloring	☐ Yes	☐ No
• Labored	☐ Yes	☐ No	• Pale	☐ Yes	☐ No
• Gasping/Stopped	☐ Yes	☐ No	• Flushed	☐ Yes	☐ No
Other:					

Post Seizure Observation					
Confused	☐ Yes	☐ No	Headache	☐ Yes	☐ No
Sleepy/Tired	☐ Yes	☐ No	Slurred Speech	☐ Yes	☐ No
Other:					

Action Taken:	
☐ Sent to school nurse ☐ 911 Called: Time______________________________ ☐ Student transported to ER by ambulance ☐ ER/Urgent Care Advised	☐ Doctor's Appointment Advised ☐ Parent/Guardian Called: Time____________________ ☐ Sent Home ☐ No Treatment ☐ Medication (see below)
☐ First Aid Treatment (describe):	

Medication Administration

Diastat ☐ Midazolam ☐ Other:____________________________

- Time of Administration:______________
- Dose: ___________________________
- Route: ____________________
- Location of where it was administered: ☐ Health Room ☐ Other:______________________________
- Administered by: ____

Staff Providing Assistance:

Student was sent to: ☐ Class at ____________ (time) ☐ Home at ___________ (time) ☐ Medical Follow up Advised

PARENT NOTIFICATION *This form must be sent home with student on the same day as event.*

Who was contacted:____ Date:______________ Time:_____________

Reporting Person:____ Title: _________________________________

Date: 8.18