

Seizure Activity Log

This form should be stored with the child's Seizure Care Plan. Please share this log with the child's parent or guardian so they can share it with the healthcare provider.

Child's name:

Child's date of birth:

| Date | Time of Seizure | | What | Seimure | Debewier offer | Actions Taken | If Applicable | | Name of |
|------|--------------------|-----|-------------------------------------|----------------------|-----------------------------|---------------------------|--------------------------------|--------------------|-----------------------|
| | Start | End | Happened Before Seizure Began | Seizure Symptoms* | Behavior after Seizure** | Actions Taken by Staff | Time Medication Given*** | Time 911 Called | Person Documenting |
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| Date | Time of Seizure | | What | Soizuro | Behavior after | Actions Taken | If Applicable | | Name of |
|------|--------------------|-----|-------------------------------------|----------------------|----------------|---------------|--------------------------------|--------------------|-----------------------|
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*Seizure Symptoms:

- Sudden stare
- Unresponsive to name
- Clenched jaw or tongue bitten
- Unconsciousness
- Color change or breathing problem
- Stiff or jerky movements
- Lip smacking
- Eye fluttering
- Any other symptoms from the seizure care plan

**Post-Seizure Behaviors:

- Prompt recovery (seconds)
- Gradual recovery (minutes)
- Slow recovery (confused or needing to sleep)

***Also complete the Medication Administration Record

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