

**CARROLL COUNTY PUBLIC SCHOOLS
SEIZURE CHECK LIST FOR NON-MEDICAL PERSONNEL**

NAME _____ DATE _____ TIME _____ DURATION _____

CIRCLE THOSE APPROPRIATE

PRODROMAL SIGNS (Before Seizure)

Headache Smells Sees Hears Something Other: _____

SEIZURE ACTIVITY

MENTAL STATE:

Confused Dreamlike/Vacant/Staring
Unconscious Unchanged

MUSCLE TONE: (Circle body part)

Rigid (whole body, RA, RL, LA, LL) Fell Down
Decreased Muscle Tone Spasms/Tremors
Facial Other: _____

MOVEMENT: (circle body part)

Jerking (whole body, RA, RL, LA, LL) Purposeful Movement
Wandering

LOSS OF SPHINCTER CONTROL:

Bladder Bowel

COLOR:

Pale Flushed Cyanotic (blue lips, etc.)

EYES:

Turned Right Turned Left
Rolled Upwards Change in Pupils (dilated, constricted)
Twitching Glazed

BREATHING:

Normal Noisy Interrupted For _____

OTHER:

Slurred Speech Vomiting
Head Drops Other: _____

POST SEIZURE BEHAVIOR:

Irritable S/A H/A Confused
Drowsy Deep Sleep Normal

COMMENTS:

SIGNATURE OF PERSON WITNESSING SEIZURE: