

ADMINISTRATION OF MEDICATION/SEIZURE DOCUMENTATION FORM – Form 316-6

In addition to information provided by parents and information found from the medical tests, the following information may be used by doctors to decide which medication to use in the treatment of epilepsy. The better you are in describing the seizure, the easier and possibly quicker it will be for the doctor to start getting the seizures under control. When watching a seizure, try to note what happens before, during and after the event. Write down what happened as soon as you can. Include as much information as possible about the following areas:

Student's Name:	School:
Grade:	Person Completing Form:
Date:	Time
<p>BEHAVIOR BEFORE THE SEIZURE – what was person doing at time of event, change in mood or behavior hours or days before, 'warning' or 'aura' shortly before event</p> <p>POSSIBLE TRIGGERS OR FACTORS THAT MAY MAKE EVENT MORE LIKELY TO OCCUR</p> <ul style="list-style-type: none"> ● Time of day or month ● Menstruation ● Missed, late, or changes in medicines ● Irregular sleep patterns, not enough sleep, other sleep problems ● Irregular eating patterns, specific foods ● During or after exercise or hyperventilation (fast breathing) ● Emotional stress, worry, excitement ● Sounds, flashing lights, bright sunlight ● Other illnesses or infections 	Observations:
<p>WHAT HAPPENS DURING THE EVENT</p> <ul style="list-style-type: none"> ● Change in awareness, alertness, confusion ● Ability to talk and understand ● Changes in thinking, remembering, emotions, perceptions ● Sensations – changes in seeing, hearing, smells, tastes, feelings ● Facial expression – staring, twitching, eye blinking or rolling, drooling ● Changes in muscle tone – body becomes stiff or limp 	Observations:

<ul style="list-style-type: none"> ● Movements – jerking or twitching movements, unable to move, body turning, falls ● Automatic or repeated movements – lip-smacking, chewing, swallowing, picking at clothes, rubbing hands, tapping feet, dressing or undressing ● Walking, wandering, running ● Changes in color of skin, sweating, breathing ● Loss of urine or bowel control 	
<p>PART OF BODY INVOLVED – where symptom started, spread to other areas, side of body (right, left or both):</p>	
<p>WHAT HAPPENS AFTER EVENT</p> <ul style="list-style-type: none"> ● Response to voice or touch ● Awareness of name, place, time ● Memory for events ● Ability to talk or communicate ● Weakness or numbness ● Changes in mood or how person acts ● Tired, need to sleep 	
<p>HOW LONG IT LASTED - length of aura, seizure, after-effects or postictal phase, how long before person returns to normal activity.</p>	
<p>COMMENTS:</p>	