

Seizure Activity Log

NOTE: This form should be accompanied by a Seizure Care Plan established and on-file for this child.

Name of child: _____ Room: _____

DATE	TIME	CIRCUMSTANCES PROCEEDING (activity participating)	DESCRIBE SEIZURE*	LENGTH OF SEIZURE	ACTIONS TAKEN BY STAFF	CHILD'S BEHAVIOR AFTER SEIZURE	STAFF INITIALS

*** What to look for and note above:**

- How did the seizure start? Did the seizure start in just one part of the body and then spread, or did it involve the whole body from the beginning?
- Was there smacking or licking of the lips? Eyelid fluttering? Picking or fumbling movements of the hands?
- Was the child able to respond to any outside stimulus (for example, name called, gently shaking shoulder)? Was the response normal/confused/no response?
- Were there stiff and/or jerking movements?
- Was the jaw clenched or the tongue bitten?
- Was there any color change or breathing problem?
- How long did the actual seizure last?

Resources:
 California Childcare Health Program. www.ucsfchildcarehealth.org
 Form provided by Child Care Aware® of North Dakota Health Consultants.
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