



HELP THE DOCTOR
BRING SEIZURES
UNDER CONTROL.



Child Seizure Record Form *How You Can Help The Doctor*

Observing and Recording Seizures

There are many different kinds of seizures. The doctor must know which kind your child had before the right medication can be prescribed. Sometimes it's difficult to tell certain kinds of seizures from others. The doctor may not see the seizure, so he or she must rely on your description, or the information that you got from others, about your child's seizures and the form they take along with what medical tests reveal to help the physician to decide which medication to use. The better you are in describing the seizure, the easier and, perhaps, quicker it will be for the doctor to start bringing the seizures under control. It is possible to have more than one type of seizure. If you think your child has had more than one kind, be sure to describe each one separately and record the type you think it is.

The following list of things to look for should help you in describing what happens to your child before, during and after the seizure:

- a) What was the child doing at the time of the seizure?
- b) What was the exact time of day?
- c) What took place before the seizure?
- d) Had the child just awakened in the morning or had he or she just started or finished a nap?
- e) What called your attention to it (cry out, fall, stare, head turn, etc.)?
- f) How did the seizure develop (suddenly, gradually, one part of the body, etc.)?
- g) Did the child's body become stiff?
- h) Were there jerks, twitches, or convulsions?
- i) What part of the body moved first? Next?
- j) Did the eyelids flutter or the eyes roll?
- k) Did the skin show changes (flushed, clammy, blue, etc.)?
- l) Did the breathing change?
- m) Did the child talk or perform any actions during the seizure?
- n) Did the child become drowsy or sleepy afterward?
- o) Did the child urinate or have a bowel movement during the seizure?
- p) How long did the seizure last? (The best way to tell is by actually looking at a watch or clock, because we all have a different sense of time. Admittedly, this may be hard to remember but it's the only way your observation can be accurate.)
- q) Could you make contact with the child during the seizure? Did he or she respond?
- r) What was the child's behavior like after the seizure (alert, drowsy, confused, remembered what happened, etc.)?

