

Special Needs Services Seizure Activity Log

Consumer Name: _____

Date	Time	Circumstances Preceding (activity participating in)	Describe Seizure (Type)	Length of Seizure	Actions taken by Provider	Consumer's Behavior After Seizure	Staff Initials

Seizure Types:

***Simple Partial Seizures:** dizziness, numbness, dream state, nausea

***Complex Partial Seizures:** impaired consciousness, amnesia

***Absence:** hesitation, staring, eye fluttering

***Myoclonic:** one or two brief muscle contractions

***Clonic:** repeated jerking of the limbs

***Tonic:** stiffened muscles, usually conscious

***Tonic-Clonic:** muscles stiffen, vocal tics, loss of consciousness
may bite tongue, rhythmical jerking of arms and legs,
loss of bowel/bladder.

***Atonic:** sudden loss of muscle control