

# Seizure Record To Establish Baseline – New or Unstable Seizures

|             |       |      |                      |  |  |  |
|-------------|-------|------|----------------------|--|--|--|
| <b>Name</b> | First | Last | <b>Date of Birth</b> |  |  |  |
|             |       |      |                      |  |  |  |

**CALL 911:** if seizure lasts more than 5 minutes, if there is an impairment of breathing, or if patient continues to go in and out of seizures. **NOTIFY CLINICIAN:** if there is a change in the duration, frequency, or pattern of the seizures.

|  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| <b>WHEN</b>                                  | Date (dd/mm/yyyy)                               |  |  |  |  |  |  |
|  | Time of day                                     |  |  |  |  |  |  |
|  | Duration (use watch; minutes/seconds):          |  |  |  |  |  |  |
| <b>BEFORE SEIZURE</b>                        | Possible triggers                               |  |  |  |  |  |  |
|  | Warning or aura                                 |  |  |  |  |  |  |
| <b>WHAT HAPPENED DURING SEIZURE</b>          | Conscious                                       |  |  |  |  |  |  |
|  | Unconscious (not responding to name or pain)    |  |  |  |  |  |  |
|  | Fell during seizure                             |  |  |  |  |  |  |
|  | Confused  |  |  |  |  |  |  |
|  | Skin color change (e.g., blue, gray, pale, red) |  |  |  |  |  |  |
|  | Muscles stiffen Which side/ which muscles?      |  |  |  |  |  |  |
|  | Muscles jerk Which side/ which muscles?         |  |  |  |  |  |  |
|  | Became limp                                     |  |  |  |  |  |  |
|  | Bit tongue                                      |  |  |  |  |  |  |
|  | Eyes rolled back                                |  |  |  |  |  |  |
|  | Eyes stared                                     |  |  |  |  |  |  |
|  | Cried out                                       |  |  |  |  |  |  |
|  | Incontinent (urine or BM)                       |  |  |  |  |  |  |
| Breathing (fast rate, noisy, heavy, stopped) |   |  |  |  |  |  |  |
| <b>AFTER SEIZURE</b>                         | Sleeping/tired – how long?                      |  |  |  |  |  |  |
|  | Confused  |  |  |  |  |  |  |
|  | Headache  |  |  |  |  |  |  |
|  | Speech slurred                                  |  |  |  |  |  |  |
|  | Increased activity                              |  |  |  |  |  |  |
| <b>COMMENTS</b>                              |   |  |  |  |  |  |  |

**\*Possible triggers** – fatigue, exercise, hypoglycemia (low blood sugar), emotional stress, infection, alcohol, abnormal breathing, menses, being startled, flashing lights, temperature changes, missed seizure medications, recent prescription change.

**Provide the following information at a doctor’s visit:**

- Any seizures since last visit? If yes: how many and detailed description. Any injury from seizure? Any medication used to stop the seizure?
- Has there been any change in the patient’s behavior/health from his/her baseline? Check as it applies.
 

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> dizziness   | <input type="checkbox"/> changes in way patient walks (gait) | <input type="checkbox"/> fainting spell | <input type="checkbox"/> sleep disturbance |
| <input type="checkbox"/> self-injury | <input type="checkbox"/> agitation without valid reason      | <input type="checkbox"/> drowsiness     | <input type="checkbox"/> other symptoms    |
- Up-to-date list of all medications patient is currently taking and whether there were recent changes, or missed medications.

Adapted from Community Living Toronto, Rehabilitative Resources, Inc, Sturbridge MA, and Westchester Institute for Human Development

This document complements “Primary care of adults with intellectual and developmental disabilities: 2018 Canadian consensus guidelines”, published in Canadian Family Physician, Volume 64(4): April 2018, p254-279.

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