spectrum | Seizure Tracking

Duration

Month/Year: _____

Initial

Injury Assessment/Remarks

Client Name:

Date/Time

Type/Severity

Code Type and Severity of Seizure:						
	 G – Grand Mal Seizure, (shaking, convulsions, rolling of eyes and drooling). P – Petit Mal Seizures, (starting, loss of thought or communication and lapse). D – Drop Seizures, (sudden drop to the floor or loss of gait). A – Absence, starring off, slight tremor in limbs. S – Severe, (dropping to floor, losing bladder or bowel, unsteadiness upon completion of actual 					
	seizure). M – <u>Moderate</u> , same as above only to a lesser degree of impact.					

Agency Nurse Review: _____ Date: _____