LIFE WITHOUT BARRIERS

NDIS LWB 5543 Seizure Activity – Observation Tool

This Seizure Activity Observation Tool should be used when staff have been asked to document information about a person's epilepsy and/or seizure activity by their General Practitioner, Neurologist or specialist. A new form is required for each seizure observed.

The tool should also be used where a person is new to Life Without Barriers and their seizure pattern and impact are unknown and need to be assessed.

The completed Observation Tool must be provided to the person's doctor for review.

Name:		**CIRTS ID:**	
Date seizure occurred:			

Seizure period			
Time seizure started: (24 hr time)		**Time seizure finished: (24 hr time)**	

Before the seizure started:	
Was there any change in the person's mood or behaviour?	☐No ☐ Yes ➔ (if Yes, describe below)
Did the person complain of headaches or tiredness?	☐No ☐ Yes ➔ (if Yes, describe below)
Did the person appear listless, restless, depressed or hyperactive?	☐No ☐ Yes ➔ (if Yes, describe below)
Did anything happen to excite the person?	☐No ☐ Yes ➔ (if Yes, describe below)
Did the person complain of vision, hearing or taste sensations?	☐No ☐ Yes ➔ (if Yes, describe below)
Was the person nauseous?	☐No ☐ Yes ➔ (if Yes, describe below)

Did the person become aggressive, fearful, anxious or withdrawn?	☐No ☐ Yes ➔ (if Yes, describe below)
Was the room temperature / environmental temperature high?	☐No ☐ Yes ➔ (if Yes, describe below)
Please specify any other significant behaviour or factors:	
During the Seizure	
Was there any muscle movement at the beginning of the seizure?	☐No ☐Yes ➔ (if Yes, describe below where the movement was located e.g. limbs, face, legs, all over)
What was the person's skin colour during the seizure?	
Did the person's skin colour change during the seizure? e.g. lips, nailbeds, overall colour	☐No ☐ Yes ➔ (if Yes, describe below)
Did the person appear to stop breathing during the seizure?	☐No ☐Yes ➔ (if Yes, describe how long before they regained normal breathing)
If already standing, did the person crumple to the ground or 'fall like a log'?	☐No ☐ Yes ➔ (if Yes, describe below)
Did the person become incontinent of urine or faeces?	☐No ☐ Yes ➔ (if Yes, describe below)

After the Seizure	
Did the person lose consciousness?	☐No ☐Yes
If they lost consciousness, how long did they take to recover consciousness?	
Was PRN Medication given? e.g. Midazolam	☐No ☐ Yes ➔ (if Yes, describe below)
Was the person injured?	☐No ☐Yes ➔ (if Yes, describe below and record in iReport)
If the person was injured, list below any strategies that could have prevented the injury	

Further Criteria to be observed (Criteria to be completed by Doctor only)			
Details of Health Professional reviewing Observation Tool			
Name:		**Profession:**	
Contact No:		**Date tool provided:**	

Details of Staff Member completing this Observation Tool			
Name:		**Position:**	
Signature:		**Date:**	

Upload to CIRTS as follows:
Plans & Assessments > New Plan > Plan name – [select from drop down] [relevant] Management Plan > relevant dates > Add New Attachment > Epilepsy Seizure Observation Recording Chart SURNAME, First Name. YYYY.MM.DD