

**Name (please print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This practicum measures how you apply the knowledge and skills you learned from module 10: Seizures to the supports you provide.*

**Instructions:**

- Complete Part I: Seizure Documentation
- Complete Part II: Monitoring for Side Effects

**Part I: Seizure Documentation**

Submit a completed example seizure report:

- If you have had the opportunity to assist individuals during a seizure, you may submit a copy of a seizure report you have completed on the job.
- If you have NOT had the opportunity to assist individuals during a seizure, you may use the Sample Seizure Description below, using the information to complete the attached seizure report.

**Sample Seizure Description:** Do not assume any information that is not given in the report.

Ann is 27 and attends the work activity center at your agency. While she was talking to you, she suddenly stopped and complained of a funny feeling in her body. She felt weak and then her facial expression changed including wide eyes, a frown, and a look of fear, which lasted about 10 seconds. She started repeating the same questions, “Where am I?” “What day is this?” and “What time is it?” She repeated these questions for the next five minutes. She then stood up and took a piece of wood and started beating it on the table top for about ten minutes. Finally, she sat down and appeared to relax, but seemed a little confused for a moment or two before recovering completely. You spoke to her frequently during this episode but she did not seem to hear you nor did she answer your questions. After she recovered, she could not explain what happened and had no memory of the event. Ann did complain of a headache.

**Part II: Monitoring for Side Effects**

List the anti-seizure medications taken by individual(s) whom you support, possible side effects and/or toxic effects of each medication, and identify the body system(s) which may be affected when each side effect or symptom is reported.

Medication	Potential Side Effects or Toxic Effects	Body System(s) Affected
1.	a.	a.
	b.	b.
	c.	c.
	d.	d.
	e.	e.
2.	a.	a.
	b.	b.
	c.	c.
	d.	d.
	e.	e.
3.	a.	a.
	b.	b.
	c.	c.
	d.	d.
	e.	e.
4.	a.	a.
	b.	b.
	c.	c.
	d.	d.
	e.	e.

**SAMPLE SEIZURE REPORT**

(Trainers may replace the report below with the one used by their agency)

- 1. Name of Person: \_\_\_\_\_ 2. Date: \_\_\_\_\_
- 3. Location: \_\_\_\_\_
- 4. Start Time: \_\_\_\_\_ 5. Length: \_\_\_\_\_ 6. Witness: \_\_\_\_\_

**PRE-SEIZURE:**

- 7. Precipitating Factors: Fever \_\_\_\_\_ Hunger \_\_\_\_\_ Exertion \_\_\_\_\_ Missed Medication \_\_\_\_\_  
Other \_\_\_\_\_ Unknown \_\_\_\_\_
- 8. Seizure Warning (aura): Headache \_\_\_\_\_ Drowsiness \_\_\_\_\_ Disorientation \_\_\_\_\_ Other \_\_\_\_\_

**CHECK AS MANY AS APPLY:**

- 9. Characteristics: Head Dropped \_\_\_\_\_ Fell Down \_\_\_\_\_ Body Rigid \_\_\_\_\_  
Stared Blankly \_\_\_\_\_ Body Jerked/Convulsed \_\_\_\_\_  
Frothing/Drooling \_\_\_\_\_ Eyes Rolled Back \_\_\_\_\_ Incontinent Urine \_\_\_\_\_  
Incontinent Feces \_\_\_\_\_ Unconscious \_\_\_\_\_ Repeated Movement \_\_\_\_\_  
Other \_\_\_\_\_
- 10. Body Parts Involved: Head \_\_\_\_\_ Torso \_\_\_\_\_ Left Arm \_\_\_\_\_ Right Arm \_\_\_\_\_ Left Leg \_\_\_\_\_  
Right Leg \_\_\_\_\_ Entire Body \_\_\_\_\_
- 11. Eyes: Closed \_\_\_\_\_ Open \_\_\_\_\_ Rolling \_\_\_\_\_ Fluttering \_\_\_\_\_
- 12. Skin: Pale \_\_\_\_\_ Grey \_\_\_\_\_ Normal Color \_\_\_\_\_ Cool \_\_\_\_\_ Warm \_\_\_\_\_  
Other \_\_\_\_\_
- 13. Muscle Contractions: None \_\_\_\_\_ Slow \_\_\_\_\_ Rapid \_\_\_\_\_ Shallow \_\_\_\_\_ Labored \_\_\_\_\_
- 14. Breathing: None \_\_\_\_\_ Slow \_\_\_\_\_ Rapid \_\_\_\_\_ Shallow \_\_\_\_\_ Labored \_\_\_\_\_

**POST SEIZURE:**

- 15. Characteristics: Not aware of interruption of activities \_\_\_\_\_ Resumed activities quickly \_\_\_\_\_  
Slept after seizure \_\_\_\_\_ How long? \_\_\_\_\_ Appeared drowsy \_\_\_\_\_ Disorientation \_\_\_\_\_  
Complained of Pain \_\_\_\_\_ Had another seizure or cluster of seizures shortly after \_\_\_\_\_ Other \_\_\_\_\_
- 16. Was the person injured during seizure? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

17. Additional comments/observations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documented by:**

Name \_\_\_\_\_

Title \_\_\_\_\_