

Seizure Observation Checklist

How to Use This Checklist

- Complete this checklist immediately after observing a suspected seizure or unusual episode.
 - Record only what you directly see or hear. Do not make assumptions or clinical diagnoses.
 - Include details of what the resident was doing before, during, and after the event.
 - Submit the completed checklist to the charge nurse or clinical lead per facility policy.
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Resident Name: _____

Date/Time of Event: _____

Observer Name/Role: _____

1. Awareness and Responsiveness

Did you notice any of the following?

- ☐ Sudden blank stare or “zoning out”
- ☐ No response to verbal cues or touch
- ☐ Paused mid-task and resumed without explanation
- ☐ Sudden confusion or disorientation
- ☐ Unusual drowsiness or unresponsiveness

Notes/Specifics: _____

Duration (seconds): _____

2. Repetitive Movements (Automatisms)

Did you notice any of the following?

- ☐ Lip smacking or chewing motions
- ☐ Repeated hand movements (rubbing, picking, fumbling)
- ☐ Shirt tugging, scratching, or tapping
- ☐ Repetitive speech or phrases
- ☐ Eye blinking or fluttering

Notes/Specifics: _____

Duration (seconds): _____

3. Motor Symptoms (subtle)

Did you notice any of the following?

- ☐ Lip smacking or chewing motions
- ☐ Repeated hand movements (rubbing, picking, fumbling)
- ☐ Shirt tugging, scratching, or tapping
- ☐ Repetitive speech or phrases
- ☐ Eye blinking or fluttering

Notes/Specifics: _____

Duration (seconds): _____

4. Communication Changes

Did you notice any of the following?

- ☐ Sudden inability to speak
- ☐ Slurred or unusual speech
- ☐ Repeating words or phrases
- ☐ Sudden memory gap or verbal confusion
- ☐ Stopping mid-sentence and resuming later

Notes/Specifics: _____

Duration (seconds): _____

5. Behavioral or Emotional Changes

Did you notice any of the following?

- ☐ Sudden fear or panic
- ☐ Unusual agitation or irritability
- ☐ Sudden wandering or refusal of care
- ☐ Rapid mood change without a cause
- ☐ Fixed or intense gaze

Notes/Specifics: _____

Duration (seconds): _____

6. Other Unusual or Sudden Symptoms

Did you notice any of the following?

- ☐ Trouble breathing or shallow breathing
- ☐ Incontinence without explanation
- ☐ Sudden collapse or faint-like episode
- ☐ Transient amnesia (acting as if unaware of surroundings)
- ☐ Any other unusual symptom (describe below)

Notes/Specifics: _____

Duration (seconds): _____

7. Context of Event

- What was the resident doing just before the episode?
- Were there any changes in medication, illness, or environmental factors?
- Were there any triggers (e.g., fatigue, overstimulation)?

Notes/Specifics: _____

8. Post-Event Recovery (Postictal Signs)

- ☐ Confusion or disorientation
- ☐ Fatigue or excessive sleepiness
- ☐ Emotional changes (fear, tearfulness)
- ☐ Weakness or unsteady movements
- ☐ Headache or discomfort

Notes: _____

Duration of Recovery: _____

9. Actions Taken

- ☐ Notified charge nurse/supervisor
- ☐ Vital signs checked
- ☐ Family/responsible party notified (if required)
- ☐ Documented in resident record
- ☐ Incident log or QAPI entry completed

Notes: _____

10. Observer Signature

Observer Name/Role: _____

Date/Time of Documentation: _____