

# Minnesota Epilepsy Group, P.A

2720 Fairview Ave North, Suite 100

Roseville, MN 55113

(651) 241-5290 | Fax (651) 241-5248

## SEIZURE RECORD

### Coding for Multiple Seizure Types

### Monthly Totals

Name _____	A _____	_____
Month _____	B _____	_____
Filled out by _____	C _____	_____
	D _____	_____

Sun ____	Mon ____	Tues ____	Wed ____	Thurs ____	Fri ____	Sat ____

**Name of medications:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Were medications changed during the month:**

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Seizure control this month:**

\_\_\_\_ better                      \_\_\_\_ same                      \_\_\_\_ worse

**Side effects from medicines this month:**

\_\_\_\_ better                      \_\_\_\_ same                      \_\_\_\_ worse

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Were you hospitalized this month?**

\_\_\_\_ Yes                      \_\_\_\_ No

**What was the reason for the hospitalization?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS:**

On the front side in Coding for Multiple Seizures Types A through D, write down a description of each seizure type. The first type is A, the second type is B, etc.

Example:     Type A:     stares - no response

                                 Type B:     clusters of head drops (4-5 times/cluster)

Use the letters A, B, C, D, to refer to the type of seizure that occurred. On the calendar, record the number of episodes, time, and duration, and if emergency medication has been required to interrupt seizures.

Write any additional modifying factors on the calendar for that day (example: illness, lack of sleep, menses, medication changes, etc.)

**Example:**

<p>Fri 5<sup>th</sup> _____</p> <p>A = 5-2 sec. Each</p> <p>B = 2-2 sec. Each</p> <p>Stomach flu – threw up meds</p>	<p>Sat 6<sup>th</sup> _____</p>
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