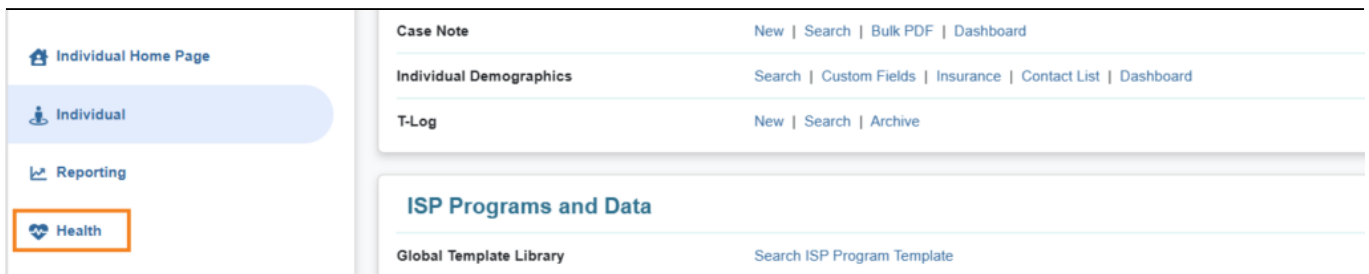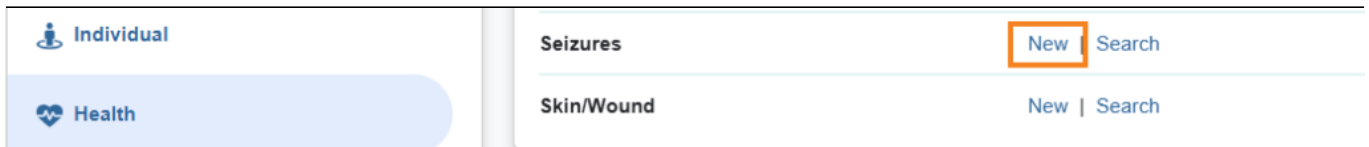# Enter Seizures

Users having the **HT Submit** role to enter **Seizure** information for individuals.

1. 1. On the **Health** tab, Click on the **New** link beside the **Skin/Wound** option

2. Click on the **New** link beside Seizures.

3. Select a program from the **Select Program for Seizures** page.

Select Program For Seizures

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

| All |

Filter

15 ⌄ Records

Program Name ▲	Site Name ⇕	Program Type ⇕	Cost Center Number ⇕	Program ID ⇕
Morning Shift (Lesotho)	Demo Site (Lesotho)	School		555
Day Shift (Tanzania)	Demo Site (Tanzania)	Day School		777
Speech Therapy	DEMO SITE (Nepal)	School		02

Showing 1 to 3 of 3 entries

Previous   1   Next

4. Select an individual from the **Select Individual for Seizures** page.

Select Individual For Seizures

Program: Day Shift (Tanzania) (Demo Site (Tanzania))

| All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Filter

Last Name ▲	First Name ⇕	Individual ID
Bakari	Anwar	

5. On the **Seizures** page, enter the required information in the **General Information** section.

Seizures New ⓘ

General Information

Individual	Anwar Bakari
Program	Day Shift (Tanzania)
* **Reported By**	Ferdaus Rahman, Supervisor ▾
* **Date**	05/10/2020 📅
Notification Level	Low ▾
	Low
	Medium
	High

6. On the **Seizure information** section, You must select **"Yes" or "No"** from the **Seizure Occurred** field.

Select a location from the **Location** drop down list. If your preferred location is not in the list then select other and enter the location in the **If other** field.

7. Enter information in the **Begin Time** and **Seizure Duration** fields noting when the seizure happened and for how long it lasted.

8. Click on the **Add** button beside Description. Select the description from the list. If you do not find the specific information in the list, enter it in the **Other** field and click on the **Add** button.

☐ Biting of tongue/lips	**Respiration**	☐ Absent
☐ Chewing/ Lip smacking		☐ Deep
☑ Crying Out		☑ Fast
☐ Dancing or Twirling		☐ Normal
☐ Drooling		☐ Shallow
☐ Eyes downward		☐ Slow
☐ Eyes upward		
☑ Falling to the floor	**Skin Color**	☐ Ashen
☐ Fidgeting with objects		☐ Cyanotic
☐ Head and eyes turned to the left		☐ Flushed
☐ Head and eyes turned to the right		☐ Pale
☐ Head Drop		☑ Pink
☐ Jerking while conscious		
☐ Jerky arm movements left side		

Other [High Fever] ←

Add

9. You can remove the selected options by clicking on the **Cross (x)** icon.

Description

Add	
Crying Out	✕ ←
Falling to the floor	✕
Respiration - Fast	✕
Skin Color - Pink	✕
High Fever	✕

10. Click on the **Add** button beside **Behavior after Seizure**. Select the information from the list. If you do not find your preferred information in the list then enter the information in the **Other** field and click on the **Add** button.

Behavior After Seizure   Add   ←

11. Click on the **Add** button beside **Staff Action**. Select the information from the list. If you do not find your preferred information in the list then enter the information in the **Other** field and click on the **Add** button.

Staff Action List

Staff Action
- ☐ Used Vagus Nerve Stimulator
- ☑ Turned person to side
- ☐ Placed soft material under head
- ☑ Loosened clothing around neck
- ☑ Maintained safe environment
- ☐ Administered Diazepam Rectal Gel (Diastat AcuDial)
- ☐ Contacted Nurse
- ☑ Contacted Doctor
- ☐ Contacted Emergency Services

Other [   ]

Add

12. Enter the **Precipitating Factors,** if known, in the **Precipitating Factors** field.

Precipitating Factors

He was playing at his room before it happened.

About 2954 characters left

13. Enter the **Resulting Injuries, if any,** in the **Resulting Injuries** field.

| Resulting Injuries | No Injuries occurred during seizure. |

About 2963 characters left

14. Enter comments, if needed, in the **Comments** field.

Comments

After doctor's treatment he is feeling better.

About 2954 characters left

15. Click on the **Save** button to save the form if you plan to return and work on it later, or Click on the **Submit** button to submit the form if you are done.

Cancel   Back   Save   Submit

16. After clicking on the submit button **Successfully Submitted** message will be displayed if you have **filled up all the mandatory fields**. You can click on the **Form** link to go view the Seizure form and Click on the **Display PDF** button to download the form as PDF.

HTZ-DEMOTPHL-J7F4NDGXGMUL8 form has been successfully submitted

Back to Form

PDF & Printable

Display PDF