

Enter Seizures

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

1. Click on the **Health** tab from Dashboard.

To Do	Health Tracking		Issue Tracking
Individual			New My Issues
Health	Appointments	New Search Calendar View	SComm
Admin	Blood Glucose	New Search Report	Inbox Sent Items Compose Drafts Custom User Group Message Audit Delete Message Content
Agency Reports	Height/Weight	New Search Report	
Individual Home Page	Immunization	New Search	
	Infection Tracking	New Search Report	
	Intake/Elimination	New Search Report	
	Lab Test	List	

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

Health	Data	Record Data Due Medications Search Report	SComm
Admin	Health Tracking		Inbox (1) Sent Items Compose Drafts Custom User Group Message Audit Delete Message Content
Agency Reports			
Individual Home Page	Appointments	New Search Calendar View	Appointments
Settings	Blood Glucose	New Search Report	Weekly (2)
	Height/Weight	New Search Report	
	Immunization	New Search	
	Seizures	New Search	

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

Select Program For Seizures

All
A
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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
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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 i

General Information

Individual Anwar Bakari

Program Day Shift (Tanzania)

→ * **Reported By**

→ * **Date** 

→ **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.

Seizure Information

* Seizure Occurred ☒ Yes ☐ No

→ Location

- Please Select -

Begin Time

|

Seizure Duration

- Please Select -

Community

Family Home Visit

Home

Description

Program

Recreation/Leisure

Behavior After Seizure

School

Unknown

Staff Action

Vehicle

Work

Other

Location

Other

If Other

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

Begin Time

10:46 am



Seizure Duration

1



0



Min

Sec

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.

Description

Add



- ☐ Biting of tongue/lips
- ☐ Chewing/ Lip smacking
- ☒ Crying Out
- ☐ Dancing or Twirling
- ☐ Drooling
- ☐ Eyes downward
- ☐ Eyes upward
- ☒ Falling to the floor
- ☐ Fidgeting with objects
- ☐ Head and eyes turned to the left
- ☐ Head and eyes turned to the right
- ☐ Head Drop
- ☐ Jerking while conscious
- ☐ Jerky arm movements left side

Respiration

- ☐ Absent
- ☐ Deep
- ☒ Fast
- ☐ Normal
- ☐ Shallow
- ☐ Slow

Skin Color

- ☐ Ashen
- ☐ Cyanotic
- ☐ Flushed
- ☐ Pale
- ☒ Pink

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

Description of Behavior After Seizure ×

Behavior After Seizure

- ☒ Complaints of headache
- ☐ Confused
- ☒ Deep Sleep
- ☐ Dizziness
- ☐ Drowsiness
- ☒ Fever
- ☐ Inability to walk or stand
- ☐ Irritability
- ☐ Problems with vision
- ☐ Return to activity engaged in prior to seizure

Other



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

Add



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.

CancelBack


SaveSubmit

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](#)
