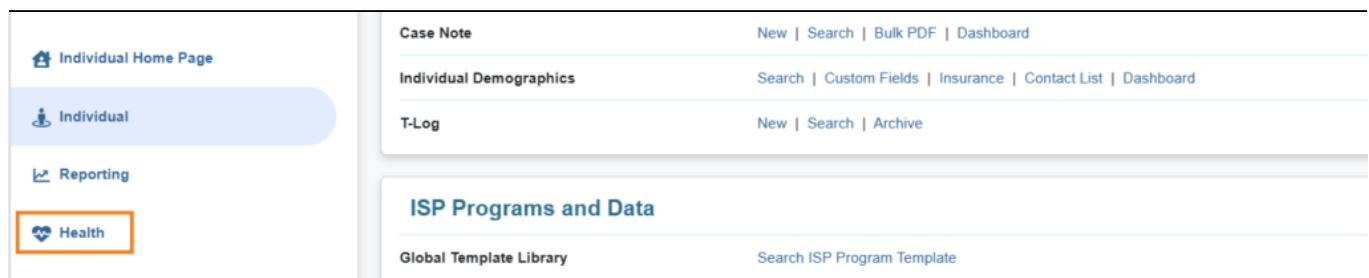


Enter Seizures

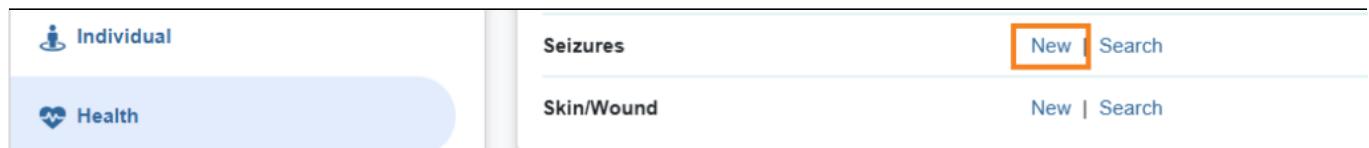
Users having the **HT Submit** role to enter **Seizure** information for individuals.

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



The screenshot shows the Therap Global software interface. On the left, there is a sidebar with icons for Individual Home Page, Individual, Reporting, and Health. The Health icon is highlighted with a red box. The main content area has a header with 'Case Note' and links to 'New', 'Search', 'Bulk PDF', and 'Dashboard'. Below this is a section for 'Individual Demographics' with links to 'Search', 'Custom Fields', 'Insurance', 'Contact List', and 'Dashboard'. There is also a 'T-Log' section with 'New', 'Search', and 'Archive' links. A large 'ISP Programs and Data' section is present, containing 'Global Template Library' and a 'Search ISP Program Template' link. The 'Seizures' section is part of the 'Skin/Wound' category, which is also highlighted with a red box. The 'New' link for 'Skin/Wound' is also highlighted with a red box.

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



The screenshot shows the Therap Global software interface. On the left, there is a sidebar with icons for Individual and Health. The Health icon is highlighted with a red box. The main content area shows the 'Seizures' section, which is part of the 'Skin/Wound' category. The 'New' link for 'Seizures' is highlighted with a red box.

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

Select Program For Seizures

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																									15 Records	
																									Program ID	
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

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																									Individual ID	
Last Name										First Name																
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	<input type="text" value="Ferdaus Rahman, Supervisor"/>			
→ * Date	<input type="text" value="05/10/2020"/> 			
→ Notification Level	<input type="text" value="Low"/> <table><tr><td>Low</td></tr><tr><td>Medium</td></tr><tr><td>High</td></tr></table>	Low	Medium	High
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

<input checked="" type="radio"/> Yes <input type="radio"/> No	
→ Location	<input type="text" value="- Please Select -"/> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> - Please Select - Community Family Home Visit Home Program Recreation/Leisure School Unknown Vehicle Work Other </div>
Begin Time	<input type="text" value=" "/>
Seizure Duration	<input type="text" value=" "/>
Description	<input type="text" value=" "/>
Behavior After Seizure	<input type="text" value=" "/>
Staff Action	<input type="text" value=" "/>
Location	<input type="text" value="Other"/> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> Other </div>
<input type="text" value="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

Min

0

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	<input type="checkbox"/> Absent <input type="checkbox"/> Deep <input checked="" type="checkbox"/> Fast <input type="checkbox"/> Normal <input type="checkbox"/> Shallow <input type="checkbox"/> Slow
Skin Color	<input type="checkbox"/> Ashen <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input checked="" type="checkbox"/> 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 X

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

X

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.

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](#)