Enter Seizures

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

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

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

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

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



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

All	Α	В	С	D	Е	F	G	Н	Т	J	К	L	М	Ν	0	Ρ	Q	R	S	Т	U	V	W	Х	Y	Z		
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Pro	gram	n Nar	ne		•	Site	e Nai	ne						\$		ogra	ım Ty	/pe			\$		ost C umbe		r	¢	Progran ID	n
Mor	rning	Shift	(Les	otho)	Den	no S	ite (L	.esot	tho)					So	chool											555	
Day	/ Shif	t (Tai	nzani	a)		Den	no S	ite (T	anza	ania))				Da	ay So	hool										777	
Spe	ech -	Thera	ару			DEM	NO S	SITE	(Nep	oal)					So	chool											02	

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

Select Individual For Seizures Program: Day Shift (Tanzania) (Demo Site (Tanzania)) All В S А С D Е F G Н Κ Μ Ν 0 Ρ Q R Т U V W I J L Filter Last Name Individual ID **First Name** ۵ 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, Supervis	or 🔹
───>* Date	05/10/2020	
Notification Level	Low	v
	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
etan Action	Work
	Other

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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	Ŀ	←
Seizure Duration	1▼0MinSec	•]



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	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				

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

		Therap Person-Centered.	
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 E	Behavior After Seizure	×
Behavior After Seizure	 Complaints of headache Confused Deep Sleep Dizziness Drowsiness Fever Inability to walk or stand Irritability Problems with vision 	
Other	Return to activity engaged in prior to seizure	dd

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	t	×
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

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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.	
		11
	About 2963 characters left	

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

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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	