



**Pomona Unified School District  
Special Education - Nursing  
Daily Log – Seizures**

<b>Student:</b>	<b>DOB:</b>	<b>School/Teacher/Grade:</b>
<b>Order Date: From</b> _____, 20____ <b>to</b> _____, 20____		
<b>Authorized Healthcare Provider:</b>		<b>Phone:</b> _____ <b>Fax:</b> _____
<b>School Nurse:</b>		<b>Phone:</b> _____

DOCUMENTATION DIRECTIONS - Person administering specialized physical healthcare service shall:

1) Enter on chart date and times care is provided and 2) Initial in columns provided.

- School Nurse and designated qualified staff should include identifying signatures below only one time.
- If student is absent, note date and write across columns. If pupil is present but a daily procedure is not done, indicate in column and explain reason on comment sheet.
- Nurse supervising the procedure signs in "Signature" spaces.

Date	Onset Time	End Time	Observation	Respirations	Skin/Color	Alertness	Action Taken	Initials
			<u>Eye R / L</u> Deviated Rolled back Staring <u>Extremity R/L arm</u> <u>R/L leg</u> Stiff Jerking Tremor Lip smacking Grimace	WNL absent  Shallow  Rapid	Pink Pale Red Blue Warm Dry Cool Clammy	Alert and orientated  Unresponsive	Medication given as ordered by MD  Parent and School Nurse notified  911 called	
			<u>Eye R / L</u> Deviated Rolled back Staring <u>Extremity R/L arm</u> <u>R/L leg</u> Stiff Jerking Tremor Lip smacking Grimace	WNL absent  Shallow  Rapid	Pink Pale Red Blue Warm Dry Cool Clammy	Alert and orientated  Unresponsive	Medication given as ordered by MD  Parent and School Nurse notified  911 called	
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Supervising Nurse Print Name/Date

\_\_\_\_\_  
School Nurse Print Name/Date

\_\_\_\_\_  
Health Assistant Print Name/Date

\_\_\_\_\_  
Supervising Nurse Sign Name/Date

\_\_\_\_\_  
School Nurse Sign Name/Date

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Health Assistant Sign Name/Date

