Infantile Spasms, Myoclonic Cluster, VNS

Date:_____**Time**:_____**Length**:___hr.___min. ___sec. **Flag It**

Type: ☐ Simple Partial ☐ Complex Partial ☐ Secondary Generalized ☐ Atonic
☐ Tonic ☐ Clonic ☐ Tonic-Clonic ☐ Myoclonic ☐Atypical Absence
☐ Absence ☐ Unknown
☐ Infantile Spasms (cluster) Spasms in cluster_____ Severity_____(Less 1-5 More)
☐ Myoclonic Cluster Events in cluster_____

Mood: ☐ Good ☐ Normal ☐ Bad **OTC Medications**_____

VNS Magnet Usage: Magnet Used? ☐ Yes ☐ No
How many times was the magnet used? ____
Used by? ☐Patient ☐Caregiver ☐Family Member ☐Other
Did the Magnet stop the seizure? ☐ Yes ☐ No
Did using the magnet seem to help reduce the seizure intensity?
☐Yes ☐Moderately ☐No
Did using the magnet seem to help reduce the after effects?
☐Yes ☐Moderately ☐No

Possible Triggers: ☐ Changes in Medication (including late or missed)
☐ Overtired or irregular sleep ☐ Alcohol or drug use ☐ Irregular Diet
☐ Bright or flashing lights ☐ Fever or overheated ☐ Emotional Stress
☐ Hormonal fluctuations ☐ Sick – *Describe*_____
☐ Other_____
Trigger notes:_____

Description: ☐ Change in awareness ☐ Loss of urine or bowel control
☐ Loss of ability to communicate ☐ Automatic repeated movements
☐ Muscle stiffness in_____ ☐ Aura
☐ Muscle twitch in_____ ☐ Other_____
Description notes:_____

Post event: ☐ Unable to communicate ☐ Remembers event
☐ Sleepy ☐ Muscle weakness ☐ Sleepy
Post event notes:_____

☐ **Entered @ SeizureTracker.com**

Daily Notes:

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