### Neonatal Seizure and Neurological Observation Chart

#### Birth Details
- **Date:** ______ / ______ / ______
- **Time (24hr):** ______ : ______
- **SVB:** __________
- **Forceps:** __________
- **Vacuum extraction:** __________
- **Caesarean Indication:** __________
- **Pupils (mm):** ______

#### Blood Gas (cord/first hour)
- **Arterial:** pH: ______
- **Venous:** pH: ______
- **pO₂:** ______
- **pCO₂:** ______

#### Appar:
- **1 minute:**
- **5 minutes:**
- **10 minutes:**

#### Other Information/Risk Factors/Therapeutic Hypothermia
- **Is Sarnat scoring indicated?** Yes [ ] No [ ]
- **Is therapeutic hypothermia indicated?** Yes [ ] No [ ]

#### Additional information
- Refer to QCG guideline Neonatal seizures
- For medication information refer to QCG NeoMedQ.
- Note plan of care, response to treatment and other relevant information.

### Spontaneous movements and response to stimuli

<table>
<thead>
<tr>
<th>State</th>
<th>Abnormal movements</th>
<th>Tone and posture</th>
<th>Autonomic alteration</th>
<th>Fontanelle tension</th>
<th>Pupils (mm) and reaction to light</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL Alert</td>
<td>Normal</td>
<td>N Normal</td>
<td>H Heart rate</td>
<td>Normal (soft)</td>
<td>S Refractory</td>
</tr>
<tr>
<td>AW Awake</td>
<td>Decreased</td>
<td>F Flaccid</td>
<td>B Blood pressure</td>
<td>Sunken</td>
<td>N Normal</td>
</tr>
<tr>
<td>S Sleep</td>
<td>Withdrawal to stimuli</td>
<td>H Hypertonic</td>
<td>B Breathing</td>
<td>B Tense</td>
<td>B Bulging</td>
</tr>
<tr>
<td>NR No spontaneous movement/response to stimuli</td>
<td>No spontaneous movement</td>
<td>H Hypotonic</td>
<td>B Breathing</td>
<td>B Tense</td>
<td>B Bulging</td>
</tr>
<tr>
<td>L Lethargic</td>
<td>Stops with restraint or modified posture</td>
<td>O Ophthalmic</td>
<td>B Breathing</td>
<td>B Tense</td>
<td>B Bulging</td>
</tr>
<tr>
<td>C Coma</td>
<td>Stop</td>
<td>A Asymmetrical</td>
<td>B Breathing</td>
<td>B Tense</td>
<td>B Bulging</td>
</tr>
</tbody>
</table>

### Date Time (24hr)
- **State:** ______
- **Spontaneous movements and response to stimuli:** ______
- **Note body parts and side(s):** ______
- **Tone and posture:** ______
- **Autonomic alteration:** ______
- **Fontanelle tension:** ______
- **Pupils (mm) and reaction to light:** ______

### Birth Details
- **Date:** ....... / ....... / .......
- **Arterial:** pH: ______
- **Venous:** pH: ______
- **pO₂:** ______
- **pCO₂:** ______

### Comments/seizure duration/medication type and response
- **Initials:** ______
- **Comments/seizure duration/medication type and response:** ______

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**Disclaimer:**
- The information provided is for educational purposes only and should not be used as a substitute for professional medical advice.
- Always consult with a qualified healthcare professional for any medical concerns.

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**Contact:** guidelines@health.qld.gov.au
# Neonatal Seizure and Neurological Observation Chart

## Blood Gas (cord/first hour)

<table>
<thead>
<tr>
<th>Date (24hr):</th>
<th>Arterial</th>
<th>Venous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (min):</td>
<td>pH:</td>
<td>pH:</td>
</tr>
</tbody>
</table>

## Apgars

1 minute:

Is Samat scoring indicated? [Yes] [No]

Is therapeutic hypothermia indicated? [Yes] [No]

5 minutes:

Blood GAS

<table>
<thead>
<tr>
<th>pO2:</th>
<th>BE:</th>
</tr>
</thead>
</table>

10 minutes:

Lactate

## Other Information/Risk Factors/Therapeutic Hypothermia

- URN:
- Family name:
- Given name(s):
- Address:
- Sex: [M] [F] [I]
- Date of birth:

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## Birth Details

- Facility:
- DO NOT WRITE IN THIS BINDING MARGIN

## Neonatal Seizure and Neurological Observation Chart

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<tr>
<td>AL</td>
<td>Alert</td>
<td>M</td>
<td>N</td>
<td>H</td>
<td>N</td>
<td>+ reacts to light = No reaction C Sluggish C Closed eyes</td>
</tr>
<tr>
<td>AW</td>
<td>Awake</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Sleep</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Irritable</td>
<td>W</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Jitter</td>
<td>NR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Lethargic</td>
<td>S</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Coma</td>
<td></td>
<td></td>
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### Abnormal movements

- Note body parts and side(s)

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<td>L</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Additional information

- Refer to QCG guideline Neonatal seizures
- For medication information refer to QCG NeoMedQ.
- Note plan of care, response to treatment and other relevant information.

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**Notes:**

- 1 minute:
- 5 minutes:
- 10 minutes:

**Additional information:**

- Reacts to light = No reaction C Sluggish C Closed eyes
- Refer to QCG guideline Neonatal seizures
- For medication information refer to QCG NeoMedQ.
- Note plan of care, response to treatment and other relevant information.

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**Initials:**

- L
- R