

Paediatric Presentation with First Afebrile Seizure >2years <16years – Referral Form:

Attached patient sticker

Name

DOB

MRN

Parent / carer name & contact details:

Parent carer informed of referral:

Yes ☐ No ☐

Seizure type (see descriptors and checklist overleaf)

Focal onset ☐ Generalised onset ☐ Focal onset with bilateral tonic clonic spread ☐

Unknown (onset unwitnessed) ☐

Level of awareness: _____

Date of seizure and brief details including time of and duration of event

Vomit ☐ Incontinence ☐ Tongue biting ☐

Please circle as appropriate: Colour change – pallor / cyanosis / other

Eyes open / closed

Midazolam / medication required to abate seizure?

Yes ☐ No ☐

Video of event available?

Yes ☐ No ☐

ECG and baseline bloods done as per pathway algorithm prior to discharge?

Yes ☐ No ☐

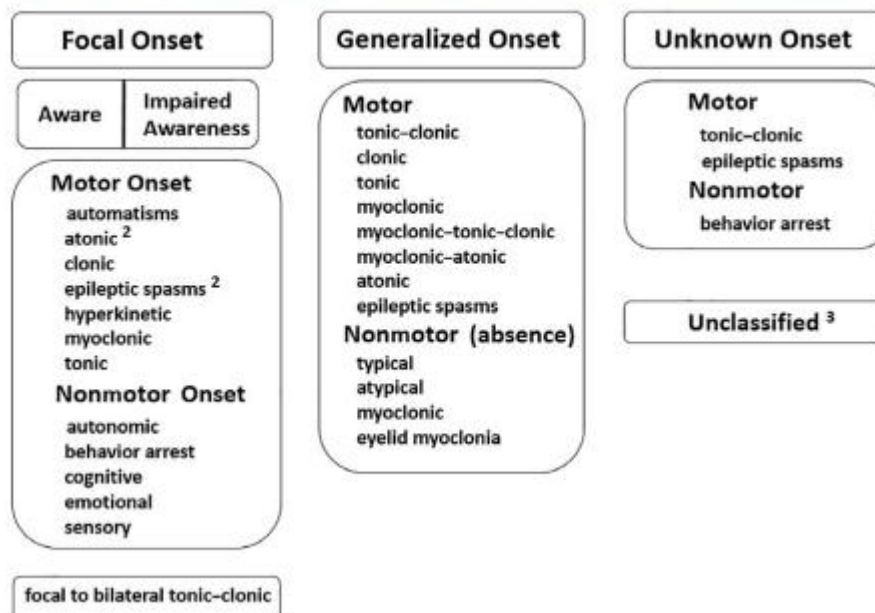
Midazolam prescribed on discharge?

Yes ☐ No ☐

Any other relevant information:

Name, role and contact details of referring clinician:

ILAE 2017 Classification of Seizure Types Expanded Version ¹



Please tick checklist below as appropriate from history taking findings:

ILAE 2017 Classification of Seizure Types Basic Version

From Fisher RS, et al. Instruction manual for the ILAE 2017 operational classification of seizure types. *Epilepsia*, 58(4):531–542, 2017.

☐ Focal Onset

(if focal onset, choose one or leave blank if unknown)

- ☐ Aware
☐ Impaired Awareness

(if focal onset, choose one or leave blank if unknown)

- ☐ Motor Onset
☐ Nonmotor Onset
☐ Focal to bilateral tonic-clonic

☐ Generalized Onset

(if generalized onset, choose one or leave blank if unknown)

- ☐ Motor
☐ Nonmotor (absence)

☐ Unknown Onset

(if unknown onset, choose one or leave blank if unknown)

- ☐ Motor
☐ Nonmotor