ANP Children's Epilepsy Pathway 1: Presentation with First Afebrile Seizure – 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) ☐

Date of seizure and brief details

_____

_____

Vomit ☐   Incontinence ☐   Tongue biting ☐

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?
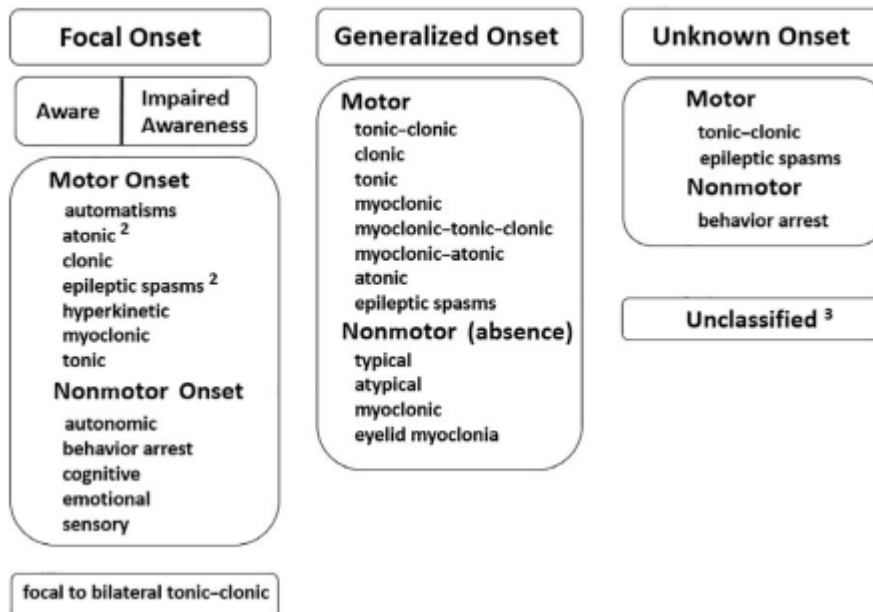
Yes ☐   No ☐

Midazolam prescribed on discharge?

Yes ☐   No ☐

Any other relevant information:

_____

Name and role of referring clinician

_____

ILAE 2017 Classification of Seizure Types Expanded Version [1]

Focal Onset

| Aware | Impaired Awareness |

Motor Onset
automatisms
atonic [2]
clonic
epileptic spasms [2]
hyperkinetic
myoclonic
tonic

Nonmotor Onset
autonomic
behavior arrest
cognitive
emotional
sensory

focal to bilateral tonic–clonic

Generalized Onset

Motor
tonic–clonic
clonic
tonic
myoclonic
myoclonic–tonic–clonic
myoclonic–atonic
atonic
epileptic spasms
Nonmotor (absence)
typical
atypical
myoclonic
eyelid myoclonia

Unknown Onset

Motor
tonic–clonic
epileptic spasms
Nonmotor
behavior arrest

Unclassified [3]

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