



ANP Children's Epilepsy Pathway 1: Presentation with first afebrile seizure – outpatient / emergency department

*To be used in conjunction with ANP new seizure assessment quideline

- Referral received from Paediatric Neurology consultant via GP/Emergency Department/ other.
- Referral triaged by ANP Children's Epilepsy
 - Meets inclusion criteria
 - Phone call to family to get further detail of events.
 - Safety advice and seizure management discussed. Written advice posted.
 - Request family keep a diary of events and or video of episodes.
 - Arrange OPD review in ANP led seizure assessment clinic

Outside agreed inclusion or exclusion criteria. Return to Paediatric Neurology Consultant clinic.

Inclusion/exclusion criteria:

- 2yrs -16yrs only
- 1st presentation with <u>afebrile</u> generalised tonic clonic or focal seizure
- If neurological deficits previously not investigated or previously unrecognised are identified - referral back to or consult with Paediatric Neurologist
- If abnormal development / ASD identified referral back to or consult with Paediatric Neurologist
- If any evidence of Todd's paresis or abnormal findings on neurological exam consider admission for urgent MRI
- Will need to be able to tolerate MRI brain without sedation / GA to comply with referral criteria

If neurological deficits previously not investigated or previously unrecognised are identified-referral back to or consult with Paediatric Neurologist.



Prior to discharge from ED please ensure:

- Complete thorough neurological exam
- Baseline bloods including FBC, LFTs electrolytes and glucose
- ECG complete
- Provide first seizure leaflet
- If first seizure required midazolam to abate please prescribe appropriate dose buccal midazolam and provide basic seizure safety and buccal midazolam administration education
- Referral form to RANP Paediatric Epilepsy completed

Note: If patient present within RANP working day please phone 0871149341 to discuss possibility of review on day of presentation prior to discharge or if you have any queries about potential referral







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