

Barts and The London NHS Trust

POST- SEIZURE

Date _____ Time _____ ED admitting consultant _____

Inclusion Criteria

- | | <u>Tick / Cross</u> |
|---|--------------------------|
| • Single partial or generalised seizure | <input type="checkbox"/> |
| • GCS \geq 13 | <input type="checkbox"/> |
| • IV access in-situ | <input type="checkbox"/> |
| • Likely to be discharged within 12 hrs | <input type="checkbox"/> |
| • CDU transfer form completed | <input type="checkbox"/> |

Exclusion Criteria

- | | |
|--|--------------------------|
| • Unstable vital signs | <input type="checkbox"/> |
| • Persistent abnormal neurological signs
(excluding resolving Todd's paresis) | <input type="checkbox"/> |
| • Unexplained fever / sepsis | <input type="checkbox"/> |
| • Head injury | <input type="checkbox"/> |
| • Alcohol withdrawal | <input type="checkbox"/> |
| • Major co-morbidity requiring in-patient admission | <input type="checkbox"/> |

Investigations

- | | |
|---|--------------------------|
| • BM mandatory | <input type="checkbox"/> |
| • CT brain if: <ul style="list-style-type: none">○ 1st seizure○ Unusual pattern / abnormal neurology | <input type="checkbox"/> |
| • If 1 st seizure, will need: <ul style="list-style-type: none">○ U&E; bone profile, baseline LFTs; Mg○ FBC | <input type="checkbox"/> |
| • Anti-epileptic drug levels only if clinically indicated | <input type="checkbox"/> |

Management

- | | |
|--|--------------------------|
| • Observations every _____ min / hr | <input type="checkbox"/> |
| • Observe for 2-4 hrs post-seizure | <input type="checkbox"/> |
| • To be reviewed by Dr _____ at _____ hrs | <input type="checkbox"/> |
| • CT organised (if appropriate) | <input type="checkbox"/> |
| • Wound care | <input type="checkbox"/> |
| • Continue usual anti-epileptic medications | <input type="checkbox"/> |
| • Review by Epilepsy Nurse Specialist | <input type="checkbox"/> |
- Mon-Fri during 9am-5pm: Bleep 1665 or Ext 7381

- Notify Medical Staff if:
 - Drop in GCS by 1 point
 - Further seizure
 - Change in vital signs

Admit if:

- 1st seizure + head injury with LOC > 30min
- 2 generalised tonic-clonic seizures within 12 hrs
- ≥ 2 new-onset ?complex partial seizures within 6 hrs
- Evidence of focal neurology

If unsure, seek help from ED consultant / middle grade / Epilepsy Nurse Specialist

Discharge only if:

- Normal vital signs & GCS
- No further seizures
- Can eat / drink normally
- Normal mobility
- Adequate home supports
- IV cannula removed
- Discharge medications arranged
- Follow-up arrangements made:
 - Out-patient referral completed (if required)
 - Discharge letter completed
- Adequate explanation & understanding by patient
- Advice re driving, operating machinery, dangerous sports
- If 1st seizure, give the 1st seizure leaflet (on intranet)

Referral / Consultation

Specialist team:

Team _____

Bleep _____

Time referred _____

Time seen _____

Reason for referral:

Fast Response Team:

- Social Work
- Physiotherapy
- Occupational Therapy

Time referred _____

Time seen _____

**ROYAL LONDON HOSPITAL
CLINICAL DECISION UNIT**

POST-ICTAL DISCHARGE SUMMARY

Pt Sticker

Date _____

Dear Dr _____

Your patient was admitted into the Clinical Decision Unit following a presentation to the Emergency Department with a seizure.

Tick as appropriate:

Your patient had the following investigations:

- Blood tests
Result:

- CT brain
Result:

Your patient was observed in the CDU and discharged with the following:

- TTA medications:

- Out-patient referral to the Epilepsy team / 1st seizure clinic
(your patient will receive a letter from the Out-patient department)
- 1st seizure pamphlet
- Verbal advice about driving / operating machinery / dangerous sports etc
- Advice to contact yourself or the Emergency Department should there be any further problems

Thank you

Signed _____ Name _____ Grade _____