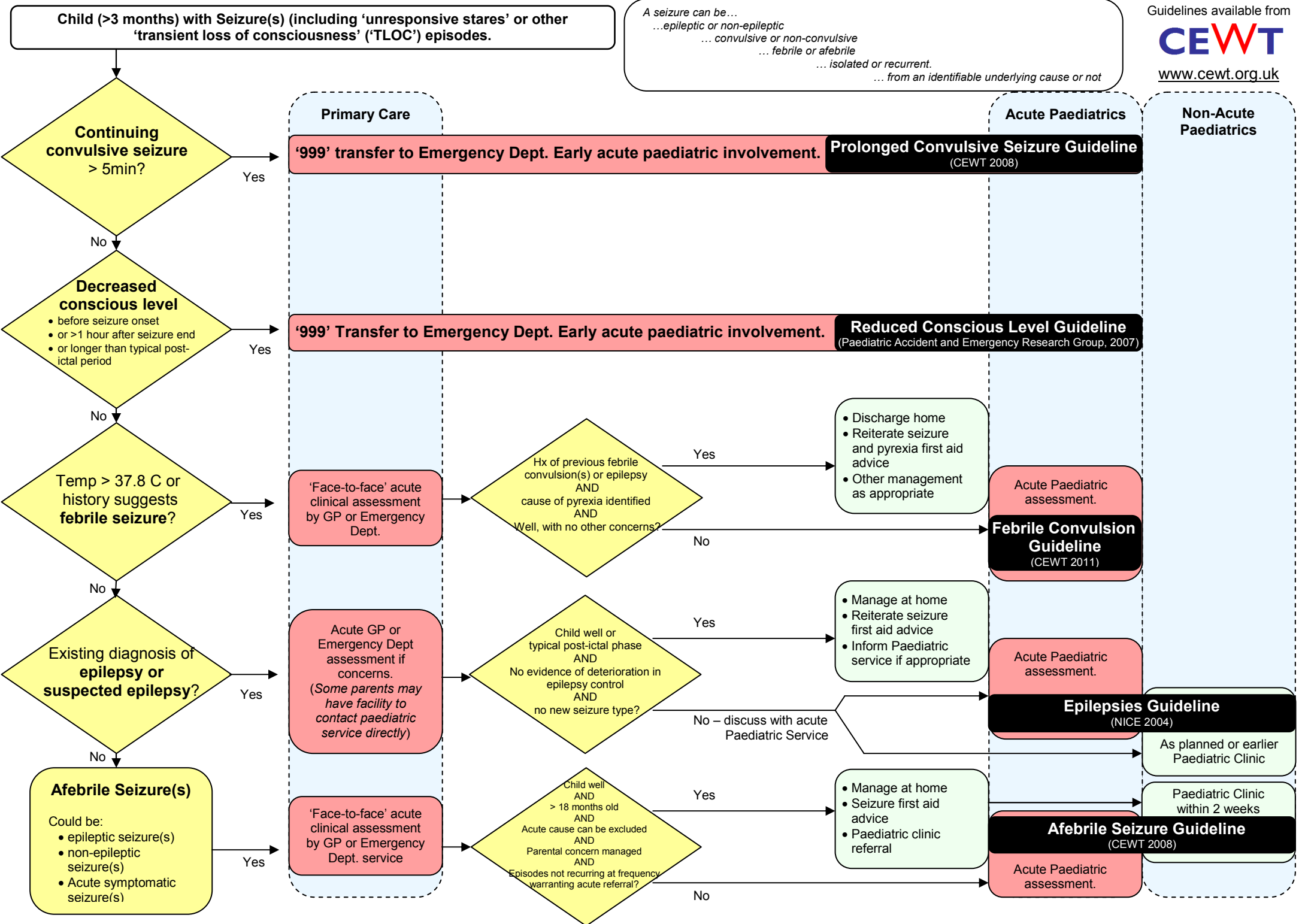


A seizure can be...
 ...epileptic or non-epileptic
 ... convulsive or non-convulsive
 ... febrile or afebrile
 ... isolated or recurrent.
 ... from an identifiable underlying cause or not



Primary Care

Acute Paediatrics

Non-Acute Paediatrics

'999' transfer to Emergency Dept. Early acute paediatric involvement. Prolonged Convulsive Seizure Guideline (CEWT 2008)

'999' Transfer to Emergency Dept. Early acute paediatric involvement. Reduced Conscious Level Guideline (Paediatric Accident and Emergency Research Group, 2007)

'Face-to-face' acute clinical assessment by GP or Emergency Dept.

Hx of previous febrile convulsion(s) or epilepsy AND cause of pyrexia identified AND Well, with no other concerns?

• Discharge home
 • Reiterate seizure and pyrexia first aid advice
 • Other management as appropriate

Acute Paediatric assessment.
Febrile Convulsion Guideline (CEWT 2011)

Acute GP or Emergency Dept assessment if concerns. (Some parents may have facility to contact paediatric service directly)

Child well or typical post-ictal phase AND No evidence of deterioration in epilepsy control AND no new seizure type?

• Manage at home
 • Reiterate seizure first aid advice
 • Inform Paediatric service if appropriate

Acute Paediatric assessment.
Epilepsies Guideline (NICE 2004)

As planned or earlier Paediatric Clinic

'Face-to-face' acute clinical assessment by GP or Emergency Dept. service

Child well AND > 18 months old AND Acute cause can be excluded AND Parental concern managed AND Episodes not recurring at frequency warranting acute referral?

• Manage at home
 • Seizure first aid advice
 • Paediatric clinic referral

Acute Paediatric assessment.
Afebrile Seizure Guideline (CEWT 2008)

Paediatric Clinic within 2 weeks

Afebrile Seizure(s)
 Could be:
 • epileptic seizure(s)
 • non-epileptic seizure(s)
 • Acute symptomatic seizure(s)