FSH ED SEIZURE GUIDELINE

KNOWN EPILEPSY
(unprovoked seizure)

SINGLE SEIZURE: Discharge with GP or Neurology follow up as appropriate

MULTIPLE SEIZURES: Consider Neurology admission

FIRST SEIZURE

Investigations:
FBC/UEC/LFT/BGL (+/- ETOH, bHCG, Urine Drug Screen)
ECG
CT Brain (non-contrast)

UNDIFFERENTIATED COLLAPSE/SYNCOPE

AMU / CARDIOLOGY ADMISSION
or
DISCHARGE

PROVOKED
(Single or Multiple Seizures)

SYSTEMIC CAUSE

Metabolic
(e.g. hyponatraemia, hypoglycaemia)

Toxins
(e.g. drugs, alcohol, medications)

→ AMU ADMISSION or DISCHARGE

ACUTE CNS CAUSE

Meningoencephalitis / Stroke

→ NEUROLOGY ADMISSION

Intracranial Haemorrhage
(e.g. SAH, SDH)

→ TRANSFER FOR NEUROSURGERY ADMISSION

Mass lesion on CT

→ Known systemic malignancy → ONCOLOGY ADMISSION

→ No known malignancy → NEUROLOGY ADMISSION

UNPROVOKED

SINGLE SEIZURE
No lesion on CT
+
No metabolic/infective cause
+
No new findings on neuro exam

→ DISCHARGE HOME
1st Seizure Clinic Follow Up

MULTIPLE SEIZURES
Seizure Cluster[1]
Or
Status Epilepticus[2]
Or
Second presentation in 24hrs

→ NEUROLOGY ADMISSION

FIRST SEIZURE CLINIC REFERRAL

- Submit eReferral to Neurology for First Seizure Clinic.
- Give patient handouts from ED Guidelines website.
- Advise patient not to drive private vehicle for 6 months and avoid activities that would pose a high risk if they had another seizure.

1 – Seizure Cluster: two or more seizures within 24hrs with recovery in-between
2 – Status Epilepticus: recurrent seizures, without recovery, lasting >30 minutes

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