

First Seizures in Adults - Referrals from the Emergency Department

Patients who have suffered a first seizure and who have made a full clinical recovery can be discharged from the Emergency Department with appropriate outpatient investigation. Prior to discharge it is important to have carried out baseline investigations and have confirmed these are normal. Abnormal results should possibly prompt for more urgent inpatient observation and investigation.

Diagnosis

Referrals to the first seizure clinic should be to investigate the possibility of neurological disease – it is important to try and exclude cardiac syncope where possible. History, examination & ECG may help differentiate such patients. Hypoglycaemia as the cause should be excluded in all patients.

Investigations

Baseline bloods should include FBC, U&Es, Glucose and LFTS. ECG analysis should include comment on conduction abnormalities, QTc interval or any other rhythm abnormalities.

Imaging

Most patients being discharged will not get a CT scan. The decision as to whether a CT scan is performed will be taken by the senior doctor where there is reasonable clinical suspicion of intra-cranial pathology eg headaches, focal seizures etc. Otherwise the primary investigation will be MRI following review at the clinic.

All referrals should be discussed with a senior doctor

Trakcare Referral Pathway

New Request
Other
First seizure

Advice

Advice the patient that they should not drive at least until investigations are complete and provide them with a copy of the first seizure leaflet. This has advice regarding follow up – advice the patient there is a wait of several weeks and that on-going issues not requiring ED attendance should be dealt with by their GP

Please pay particular advice to driving. There is a DVLA seizure advice sheet.

Audit

Leave a copy of the notes with the secretaries