

## Seizure

### Triage

Age .....  Place Patient Identification Sticker here  BM .....  Weight .....kg	Date  Time	PEWS  BP is mandatory
	Triage Category  Discriminator	

**Brief History:** Child accompanied by .....

Ongoing seizure/ "ABC" compromise /BM<3 → resus

Triage nurse signature .....

Named resus/majors nurse ..... Handover time .....

**If temperature  $\geq 38^{\circ}\text{C}$**  → give paracetamol or ibuprofen (if dosing interval allows)

### Clinician Review

Clinician name:	History From:	Time/date:	
PC:  HPC:                      Duration seizure.....                      description seizure ..... Pyrexial Y/N			
PMH:	DH:	SH:	Allergies:

## Examination

General Appearance	PEWS ..... Time ..... CRT ..... Neck stiffness Y/N Kernig's +ve Y/N Photophobia Y/N Bulging fontanelle Y/N
CVS	/ \ o \ /
Resp	CNS
Rash	other

Imp	Plan
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	1 <sup>st</sup> afebrile seizure- paediatric ECG <input type="checkbox"/> Calculate QTc..... Febrile convulsion-if no source of infection- CCU Refer if: <input type="checkbox"/> First seizure (Please note some first seizures may be dischargable after d/w paed) <input type="checkbox"/> GCS <15 1 hour post seizure <input type="checkbox"/> Concerns about aspiration <input type="checkbox"/> Signs of raised ICP or meningism <input type="checkbox"/> Complex seizure (>15minutes/ focal/ recurrent) <input type="checkbox"/> Parents don't want discharge despite discussion <input type="checkbox"/> Clinical concern
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**Useful Guidelines:** APLS seizure algorithm, First afebrile seizure, management (GGC), Febrile seizures (NICE Clinical Knowledge Summary), Feverish illness in children <5 years (GGC)

**If patient is <1 year for senior review in ALL cases**

### Disposal (please circle)

<p><b>Home</b></p> <p>↓</p> <p>advice sheet <input type="checkbox"/></p>	<p><b>RHC</b></p> <p>Specialty .....                  Receiving doctor .....                  Time accepted.....                  Transfer to location .....</p> <p>↙ ↘</p> <p>SAS blue light      SAS within 1 hour                  time ordered      time ordered</p> <p>.....      .....</p>
<p><b>Review prior to discharge</b>                  If PEWS &gt;1 at triage, repeat PEWS and discussion with senior is essential</p> <p>PEWS at discharge .....                  Time .....</p>	<p><b>Review prior to transfer</b>                  Still appropriate for planned transfer? Y / N                  Doctor Name .....                  Time of review .....                  PEWS at discharge .....</p>

<b>Name:</b>	<b>Grade:</b>	<b>Signature:</b>
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