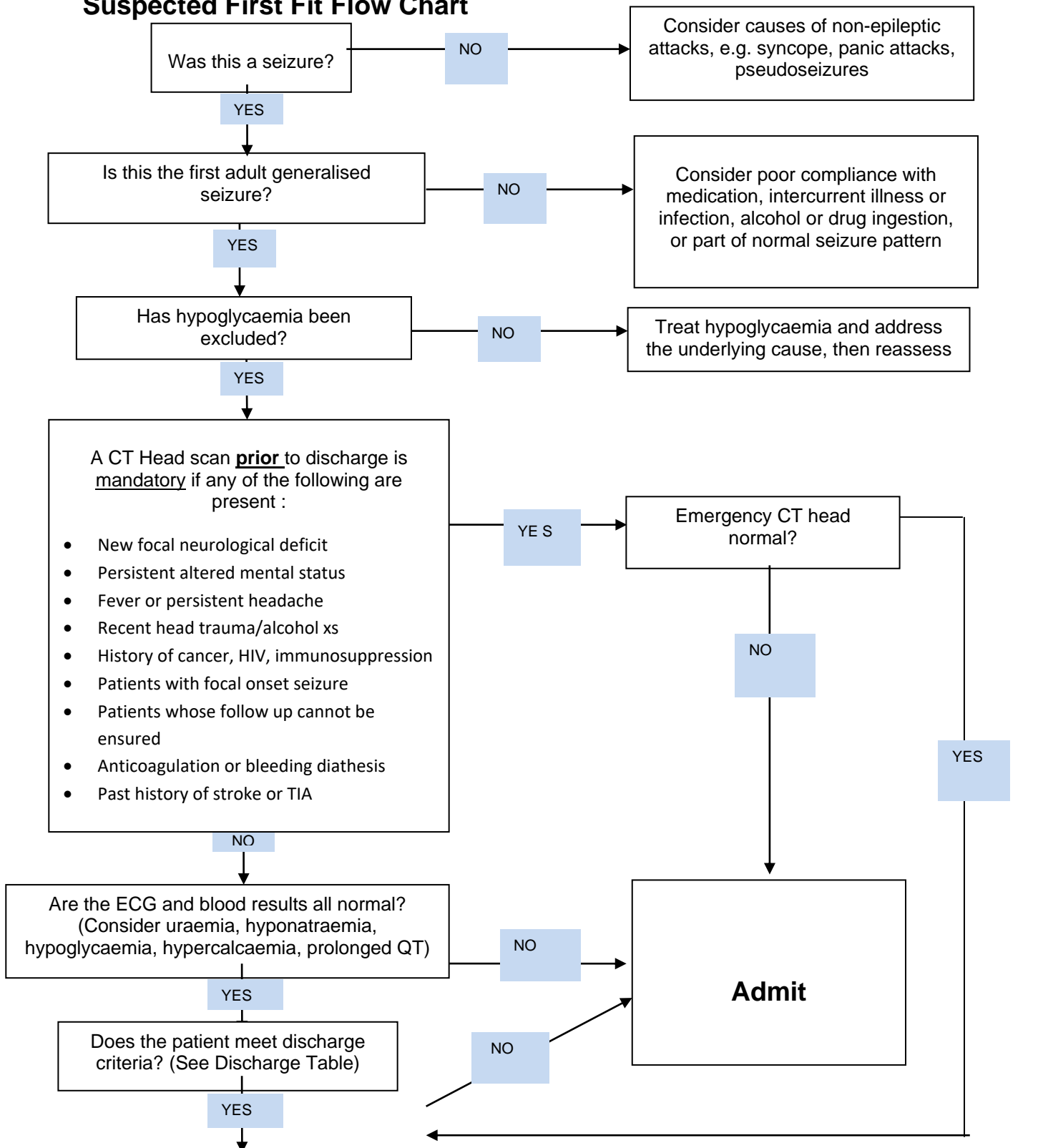


Suspected First Fit Flow Chart



Discharge table	ALL MUST BE MET PRIOR TO DISCHARGE	v?
Patient has fully recovered with no persistent neurological symptoms or signs (incl. headache)	<input type="checkbox"/>	
Normal observations and investigations (incl. temperature)	<input type="checkbox"/>	
Patient has been give SATH first seizure information leaflet + standardised letter (cc.GP)	<input type="checkbox"/>	
[See Pt Info handout or http://intranet/library_intranet/documents/document_library/160506-seizureleaflet.pdf]		
Driving has been discussed. www.dft.gov.uk/dvla * See DVLA guidance for driving advice	<input type="checkbox"/>	
Patient has a responsible adult to stay with following discharge and will attend follow up	<input type="checkbox"/>	

FIRST (or SUSPECTED FIRST) GENERALISED SEIZURE / CONVULSION REFERRAL PROFORMA

Doctor Name
Signature.....Date.....

ATTACH PATIENT STICKER HERE PLEASE

Inclusion criteria	Patients > 16 yrs; Clear / probable history of first convulsion (including those related to drug or alcohol ingestion or withdrawal)	√ ?
Exclusion criteria & suggested action	Patients with known seizure already under specialist care.	If fully recovered and meets discharge criteria (below) can be discharged. Check AED levels prior to d/c & Fax this proforma to Neurology marked INFO ONLY Manage as syncope Standard Management
	Syncope	
	Blackout without seizure markers*	
	*These seizure markers act as indicators and are not absolutes: -	
	- Unconsciousness for more than 5 minutes.	
	- amnesia longer than 5 minutes	
	- injury, eg tongue biting	
	- incontinence	
	- remain conscious but with confused behaviour	
	- headache post attack	

History table	PLEASE ENSURE THE FOLLOWING ARE NOTED IN MEDICAL DOCUMENTS	√ ?
Witness history		
Previous history of seizures, febrile fits, birth trauma, meningitis, head injuries		
Family history of seizures		
Possible precipitating events (alcohol, drugs, sleep deprivation)		

Investigation table

Tick if done	Result
U & Es	
Ca	
LFTs	
TSH	
FBC	
Glucose	
ECG	
CT Brain	
Responsible Consultant	

Indications for CT scan prior to discharge

- New focal neurological deficits
- Persistent altered mental status
- Fever or persistent headache
- Recent head trauma/alcohol xs
- History of cancer/HIV/Immunosuppression
- Patients with focal onset seizure
- Patients whose follow up cannot be ensured
- Anticoagulants or bleeding diathesis
- Past history of stroke or TIA

Discharge table

ALL MUST BE MET PRIOR TO DISCHARGE

√ ?

Patient has fully recovered with no persistent neurological symptoms or signs (incl. headache)	
Normal observations and investigations (incl. temperature)	
Patient has been given standardised letter and copy dispatched to GP	
Driving has been discussed. www.dft.gov.uk/dvla * See DVLA guidance for driving advice	
Patient has been give SATH first seizure information leaflet – See Pt Info Handout	
Patient has a responsible adult to stay with following discharge and will attend follow up	

***ONCE COMPLETE PLEASE EMAIL TO**

sath.neurology-rsh.admin@nhs.net (RSH)sath.neurology-prh.admin@nhs.net (PRH)