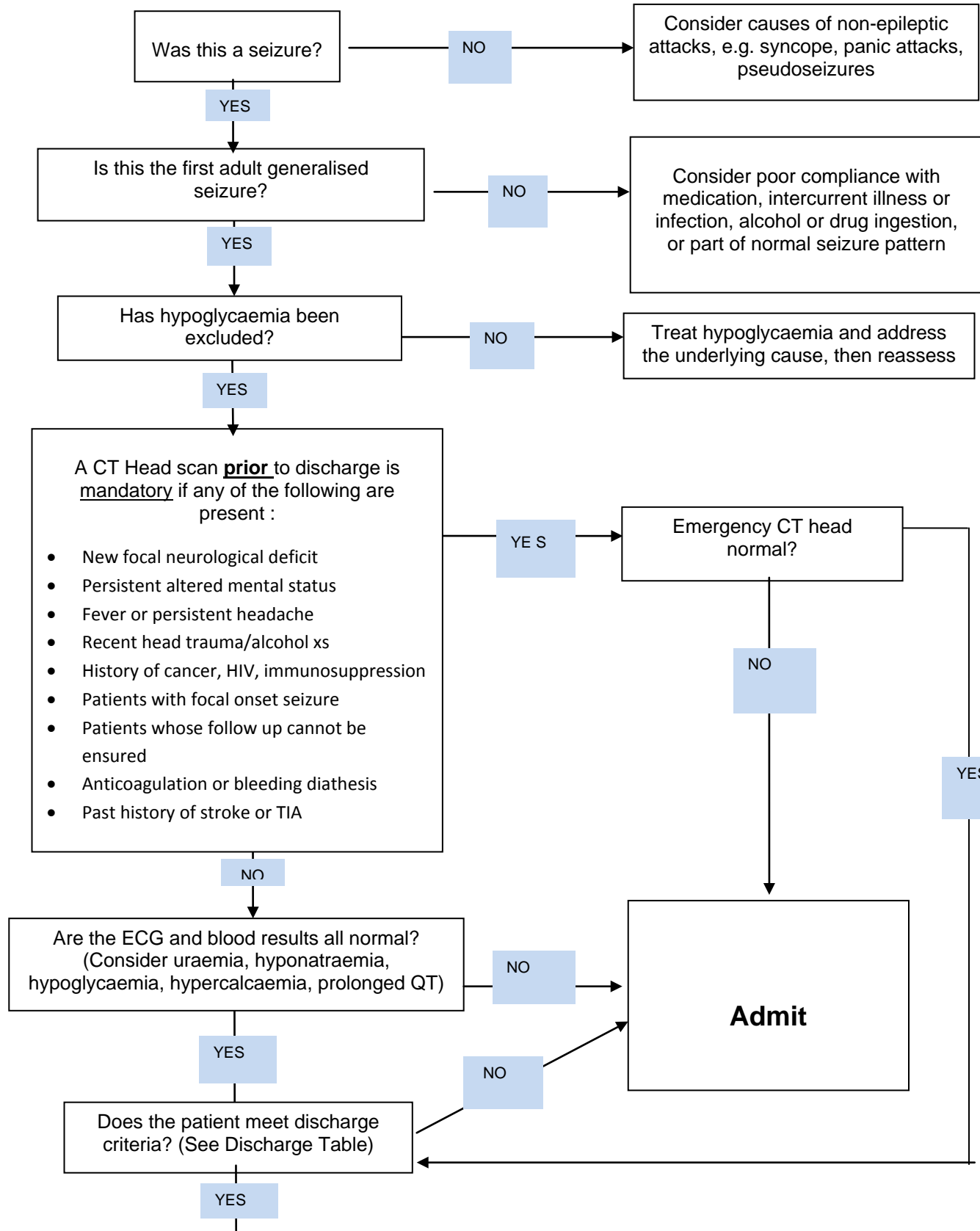


# Suspected First Fit Flow Chart



- |   |                          |
|---|--------------------------|
| 1. Give First Aid NSE Handout ( <a href="http://www.epilepsynse.org.uk/">www.epilepsynse.org.uk/</a> ) and NSE contact details. | <input type="checkbox"/> |
| 2. Give standardised letter to patient with copy to GP.   | <input type="checkbox"/> |
| 3. Fax referral proforma to Neurology Department 01743 261288 (RSH) or 01952 282873 (PRH)                                       | <input type="checkbox"/> |
| 4. File original in patient notes and discharge patient.  | <input type="checkbox"/> |

A&E  
Royal Shrewsbury Hospital  
SATH

Problem: Suspected Epileptic Fit

22 June 2015

Dear Patient

The doctor who saw you in hospital thought you might have had an epileptic fit and that it was safe for you to go home.

Your details have been faxed to the Neurology Department at RSH / PRH\* and an appointment at the First Fit Neurology clinic will follow shortly.

This clinic is held twice per month so you should not have to wait long to be seen.

Please telephone us on 01743 261105 (RSH) or 01952 641222 (PRH) if:

1. You have another possible fit
- Or
2. You have not received an appointment within 2 weeks of the date of this letter

If you develop any new symptoms (not like the possible fit) whilst waiting for your appointment that concern you please get them checked with your GP and do not wait until your appointment with us. If your GP is concerned he/she can contact us directly at any time.

Thank you.

Yours sincerely,

**Consultant Name Mr Mark Prescott**

**cc GP**

There is a high probability that driving restrictions will be necessary as a result of the possible fit. If this has not been discussed or clarified please ask either the hospital Doctor handing you this letter or your GP or seek guidance from the DVLA ([www.dft.gov.uk/dvla](http://www.dft.gov.uk/dvla)) **before** returning to driving.

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

  
**ATTACH PATIENT STICKER HERE PLEASE**

<b>Inclusion criteria</b>	Patients > 16 yrs; Clear / probable history of first convulsion (including those related to drug or alcohol ingestion or withdrawal)	√ ?	
<b>Exclusion criteria &amp; suggested action</b>	Patients with known seizure already under specialist care.	*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	
	Syncope		If fully recovered and meets discharge criteria (below) can be discharged. Check AED levels prior to d/c & Fax this proforma to Neurology marked <b>INFO ONLY</b> Manage as syncope
	Blackout without seizure markers*		Standard Management

<b>History table</b>	<b>PLEASE ENSURE THE FOLLOWING ARE NOTED IN MEDICAL DOCUMENTS</b>	√ ?
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)	
First Aid NSE Handout <a href="http://www.epilepsynse.org.uk/">www.epilepsynse.org.uk/</a> and NSE contact details. Given to patient	
Patient has been given standardised letter and copy dispatched to GP	
Driving has been discussed. <a href="http://www.dft.gov.uk/dvla">www.dft.gov.uk/dvla</a> * See DVLA guidance for driving advice	
Patient has a responsible adult to stay with following discharge and will attend follow up	

**ONCE COMPLETE PLEASE FAX TO  
01743 261288 (RSH) or 01952 282873 (PRH)**

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## References and Evidence Level


The Epilepsies: diagnosis and management of the epilepsies in adults in primary and secondary care. NICE Clinical Guideline 20 Oct 2004

Transient loss of consciousness (blackouts) management in adults and young people. NICE Clinical Guideline 109 Aug 2010

## Signature Sheet

**Clinical Document Title**  
Suspected First Fit Guideline

**Date of Development**  
February 2012

NAME	SIGNATURE	Print Name	Date
(Please type in all names)			
John Bowen, Consultant Neurologist, SATH		J.R.C.Bowen	14/9/11
Linda Damian, Consultant Neurologist, SATH			
Piers Newman, Consultant Neurologist, SATH			

Author(s) confirm that they have collected all the signatures, as listed above, and posted to Clinical Governance Development Unit, Corridor F, Grantham Hospital..

**YES / NO**

**Chair of Clinical Effectiveness Steering Committee\***