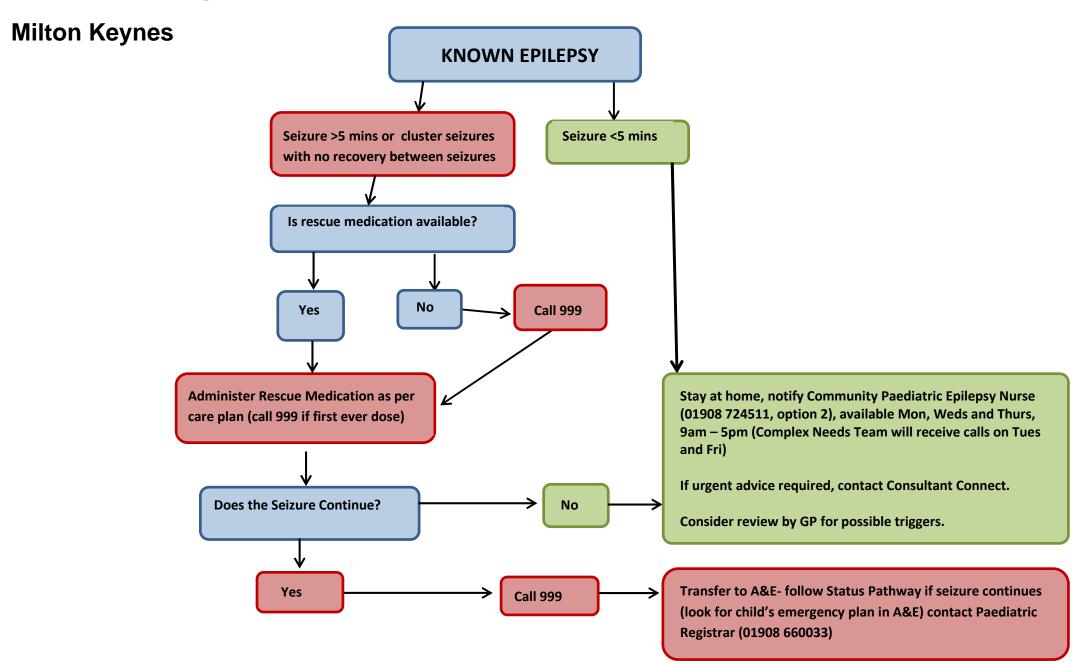
#### MANAGEMENT OF SEIZURES IN AN OUT OF HOSPITAL SETTING **Children & Young People NOT KNOWN EPILEPSY** Milton Keynes Seizure with no Seizure with **Fever Fever** Seizure >5 mins Seizure <5 mins Seizure >5 mins Seizure <5 mins Call 999 give Rescue Full recovery? Medication if indicated Referral criteria (see box 1) **Call 999** No Yes consider fever pathway. A&E follow status pathway if seizure Referral criteria continues **Transfer to A&E** Meets referral (see box 1). Criteria for admission (see criteria? box 1) Also review sepsis and Transfer once stablised fever pathway. to Paediatric Unit. Meets referral criteria Yes No Yes No Refer to paediatric epilepsy team following seizure. **Home with Febrile Seizure Advice Transfer to** Community Paediatric Epilepsy Nurse (01908 724511, option 2), available Mon, Consider review by GP for possible Paed Unit/PAU Weds and Thurs, 9am - 5pm (Complex Needs Team will receive calls on Tues and Fri) triggers. If urgent advice required, contact Consultant Connect. First Aid and safety advice and video recording of seizures.

## MANAGEMENT OF SEIZURES IN AN OUT OF HOSPITAL SETTING

# NHS

## **Children & Young People**



## **Children and Young People's Seizure Pathway**



A seizure is a sudden episode of transient neurological symptoms such as involuntary muscle movements, sensory disturbances and altered consciousness (The American Heritage Science Dictionary).

Obtain blood glucose level at time of seizure or as soon after as possible. In the hospital setting an ECG should be performed for convulsive non-febrile seizures.

### Box 1

Criteria for referral/admission (where red flags are present, arrange for urgent admission):

- Evidence of raised intracranial pressure (blurred version, bulging fontanelle in infants, persistent headache associated with vomiting)
- Drowsy or GCS <15 1 hour post seizure
- Signs of sepsis/ meningitis (see fever pathway)
- Seizure after a head injury (refer to head injury pathway)
- Prolonged seizure (lasting more than 5 minutes)
- Recurrent seizure on same day (and these are the first seizures ever experienced by the child). If the patient is known to have cluster seizures in the past, check the care plan or with carers.
- No focus of infection on examination for febrile seizures
- Focal neurological signs (one sided weakness, squint or paraesthesia)
- Age <12 months for febrile seizure
- Age >6 years and 1st febrile seizure
- Age <2 years for non-febrile seizure
- Consider parental anxiety/ social circumstances/safeguarding
- Focal seizures (also known as partial seizures)
  - o Motor seizures 1 side of the body jerking
  - o Non-motor seizures- changes in emotions, sensations, thinking or behaviour

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE Guidelines, EPEN and NHS evidence.

Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

V1.0 - reviewed 24/11/2023