**This ambulatory pathway is to be used for patients with suspected first single seizure. Patients can be added to the pathway prior to or during admission. It does not replace the medical notes for the patient episode.**

Patients must meet the inclusion criteria .

|  |  |
| --- | --- |
| **Inclusion criteria (must have all)** | **Tick** |
| Clinically thought to be a seizure (grand mal or partial) |  |
| First ever seizure |  |
| Single seizure with full recovery |  |
| Patient able to attend ambulatory services |  |

Please check the exclusion criteria if known.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion criteria (exclude if any)** |  | **Exclusion criteria** | **Tick** |
| Hypoglycaemia (use hypoglycaemia AMap) SASH |  | Pregnancy |  |
| Alcoholism (use alcohol detox AMap) SASH |  | Neurological signs present |  |
| Abnormal observations following recovery |  |  |  |

If a patient meets an exclusion criteria and cannot be managed as part of another AMap then please discuss with the medical SpR on-call for medical admission in AMU overnight for observation.

**Initial Investigations**

Bloods - FBC, UE, Bone profile, CRP, Glucose. ECG to look for any sign of possible arrhythmia.

If signs of infection – CXR, Urinalysis +- MSU, consider blood culture.

**Medical review must look for underlying causes – ensure full history and examination is documented. Radiology investigations**

|  |  |
| --- | --- |
| **Patient needs urgent CT brain scan if any are present** | **Tick** |
| Persistent altered neurological state |  |
| New neurological deficits |  |
| Recent head trauma |  |
| Past medical history of cancer or immunosuppression |  |
| Anticoagulation or bleeding diathesis |  |
| Past medical history of stroke or TIA |  |

**Discharge decision**

|  |  |
| --- | --- |
| **Patient can be discharged if all are met:** | **Tick** |
| Patient is well with full recovery |  |
| No other reason for admission |  |
| Patient has a good understanding of management |  |
| Patient will not be alone at home |  |
| CT brain scan with no new abnormalities (if done) |  |

**Initial Treatment**

No specific treatment required at this stage. Treat any abnormalities found on investigation, however most abnormal results will prompt admission. If in doubt, please discuss with the medical SpR on-call at ESH.

**Ensure that you tell patients/carers the following (contained in the patient leaflet)**

|  |  |
| --- | --- |
| **Patient information:** | **Tick** |
| Do not drive until after review in the neurology clinic |  |
| Consult their employer over health & safety issues |  |
| Avoid situations that could be dangerous if have a fit |  |
| To call 999 if further seizures |  |
| To re-attend GP or AMU if becomes unwell in any way |  |

**Communication/Follow-up**

1. Create EDS or other discharge note and send to GP with copy to patient

2. Consider referral to heart failure pathway or back to GP for Neurology opinion

3. Provide the patient with an information leaflet/patient passport and copy of the EDS

4. File this paperwork in the patients notes

**RAC doctor/GP responsible for patient:**

I confirm that I have followed the patient pathway above and completed the steps required

**Signed: Grade: Contact details:**