

First Seizure CAP

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Name:

NHS:

Initial Assessment & Treatment

Date

Time

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	

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Discharge decision

Time

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: