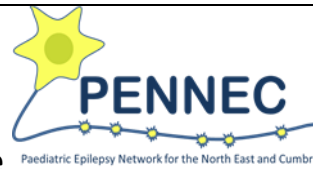


Name:.....Hospital /NHS no:.....

**Assessment of First Episode Afebrile Seizure**

Addressograph label



Date referred:

Date of assessment:

Referred by:

Age at first assessment:

A&E GP
 Paediatrician
 Other:

Seen by:

History of the paroxysmal episode (s)

Description of initial episode:

- Was the episode witnessed from onset? any focal features?
- Did you notice anything before the episode?
- What was the child doing just before the episode happened?
- What was the sequence of events during the episode? Level of responsiveness
- How long did the episode last ?
- How did the episode end?
- Child's recollection of events (? Aura - indicative of focal onset)

Has the child had any other events in the intervening period?

- Frequency of episodes?
- Have all episodes followed the same pattern or are there any differences?

Name:.....Hospital /NHS no:.....

Pregnancy and Birth history:

Past Medical history and other ongoing health concerns:

Family history:

including family history of any seizures (including febrile seizures), include type/ medication if known. Also history of syncope, arrhythmias, sudden death, sensorineural deafness etc.

Medication:

Immunisations:

Allergies:

Early development:

Health visitor:

School progress:

Including any concerns re hearing or vision / communication/learning

Nurse/school:

Social/ Behavioural/ Emotional /Concentration concerns

Name:.....Hospital /NHS no:.....

Clinical examination			
Height:	Centile:	Head circumference:	Centile:
Weight	Centile:	B.P	
<ul style="list-style-type: none"> • Neuro-cutaneous markers including Woods Light • Any unusual facial features • Cardiovascular examination including BP • Neurological examination including fundoscopy 			
Clinical Impression (circle)	Non epileptic	Uncertain	Epileptic
If non -epileptic , what diagnosis was made?			
If uncertain, what differential diagnosis was made			
If the episode is diagnosed as an epileptic seizure	Was it a single episode or isolated cluster(confined to 24 hours)		
	What is the seizure type?		

Name:.....Hospital /NHS no:.....

Investigations following first assessment	Requested	Date of investigation	Result
12 lead ECG (for all convulsive seizures)			
EEG (for recurrent seizures)			
MRI- for all focal seizures and all children under 2yrs			
Other			

N.B. Input from Paediatric Neurologist needed if any of following:

- **Child <2 yrs of age**
- **Diagnostic doubt re nature of seizures/ syndrome**
- **There is psychological and/or psychiatric co-morbidity**
- Unilateral structural lesion
- An individual experiences / or is at risk of – unacceptable side effects
- Management unsuccessful after 2 drugs
- Epilepsy not controlled within 2 years

Behavioural or developmental regression in an individual should result in immediate referral to tertiary services.

Individuals with specific syndromes e.g. Sturge Weber, Tuberous Sclerosis, the Hemiparetic syndromes, Rasmussen’s encephalitis, and hypothalamic hamartoma should be referred to a tertiary epilepsy service.

Communication:	
Diagnosis and level of certainty	
Investigations and limitations of	
Acute management of any further seizures/ events (including written information)	
Discussion regarding activities and safety issues – water/ heights/ cycling	
Rescue medication indicated ?yes/ no	
Communication with school/nursery (copy letter)	
Local or national voluntary epilepsy association	
Who is responsible for follow up	
Timing of next appointment	

Name:.....Signature.....Contact number.....