

Investigations

(Relevant NICE/SIGN guidance in italic)

ECG	<i>All children presenting with convulsive seizures should have an ECG with a calculation of the QTc interval. [SIGN 2005] In children and young people, a 12-lead ECG should be considered in cases of diagnostic uncertainty. [NICE 2012]</i>		
	Date requested	Date obtained	Results
1.			
Neuroimaging	<i>MRI should be the imaging investigation of choice in children, young people and adults with epilepsy. MRI is particularly important in those:</i> <ul style="list-style-type: none"> <input type="checkbox"/> <i>who develop epilepsy before the age of 2 years</i> <input type="checkbox"/> <i>who have any suggestion of a focal onset on history, examination or EEG (unless clear evidence of benign focal epilepsy) [NICE 2012]</i> <i>Neuroimaging should not be routinely requested when a diagnosis of idiopathic generalised epilepsy has been made. [NICE 2012]</i>		
	Date requested	Date obtained	Results
1.			
2.			
3.			
1			

¹ PENNEC Working Group 2013
Review date October 2016

EEG	<p><i>An EEG should only be requested after careful clinical evaluation by someone with expertise in childhood epilepsy. [SIGN 2005]</i></p> <p><i>An EEG should be performed only to support a diagnosis of epilepsy in children and young people.</i></p> <p><i>The EEG should not be used to exclude a diagnosis of epilepsy in a child, young person or adult in whom the clinical presentation supports a diagnosis of a non-epileptic event.</i></p> <p><i>When a standard EEG has not contributed to diagnosis or classification, a sleep EEG should be performed. [NICE 2012]</i></p>		
	Date requested	Date obtained	Results²
1.			
2.			
3.			
4.			
5.			
6.			

² PENNEC Working Group 2013
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