

epileptic seizures or non-epileptic events (NEEs) and then identifying the underlying cause, if possible. The assessment and diagnosis rely heavily on a thorough history, skilled observation, and several diagnostic tests.

It is important to differentiate epilepsy from other brief alterations in consciousness or behavior. Clinical entities that mimic seizures include staring, migraine headaches, toxic effects of drugs, syncope (fainting), breath-holding spells in infants and young children, movement disorders (tics, tremor, chorea), prolonged QT syndrome and other cardiac arrhythmias, sleep disturbances (night terrors), psychogenic seizures, rage attacks, and transient ischemic attacks (rare in children). The toxic effects of maternal drug use and withdrawal from these drugs should be considered in the differential diagnosis of new-onset seizure activity in a newborn.

A detailed description of the seizure should be obtained from the caregiver(s) who witnessed it. Ask questions about the child's behavior during the event, especially at the onset, and the time at which the seizure occurred (e.g., early morning, while awake, or during sleep). Any factors that may have precipitated the seizure are important, including fever, infection, head trauma, anxiety, fatigue, sleep deprivation, menstrual cycle, alcohol, and activity (e.g., hyperventilation or exposure to strong stimuli such as bright flashing light or loud noises). Record any sensory phenomena that the child can describe and if the child was able to hear during the seizure. The duration and progression of the seizure (if any) and the postictal feelings and behavior (e.g., confusion, inability to speak, amnesia, headache, and sleep) should also be noted. For children who have epilepsy, document how often they have seizures: daily, weekly, or monthly. Knowing the age of the child when they had their first seizure is important. It is important to determine whether more than one seizure type exists. It is often more informative to ask the parents to show you what the seizure looked like rather than relying on their verbal description. Demonstrating a seizure often reveals features, such as head turning, that would otherwise go unrecognized. Some seizures are overlooked by parents. For example, some parents may not identify brief head nods or brief single jerks as seizures unless specifically asked whether their child has these symptoms.

A thorough medical history must be obtained beginning with