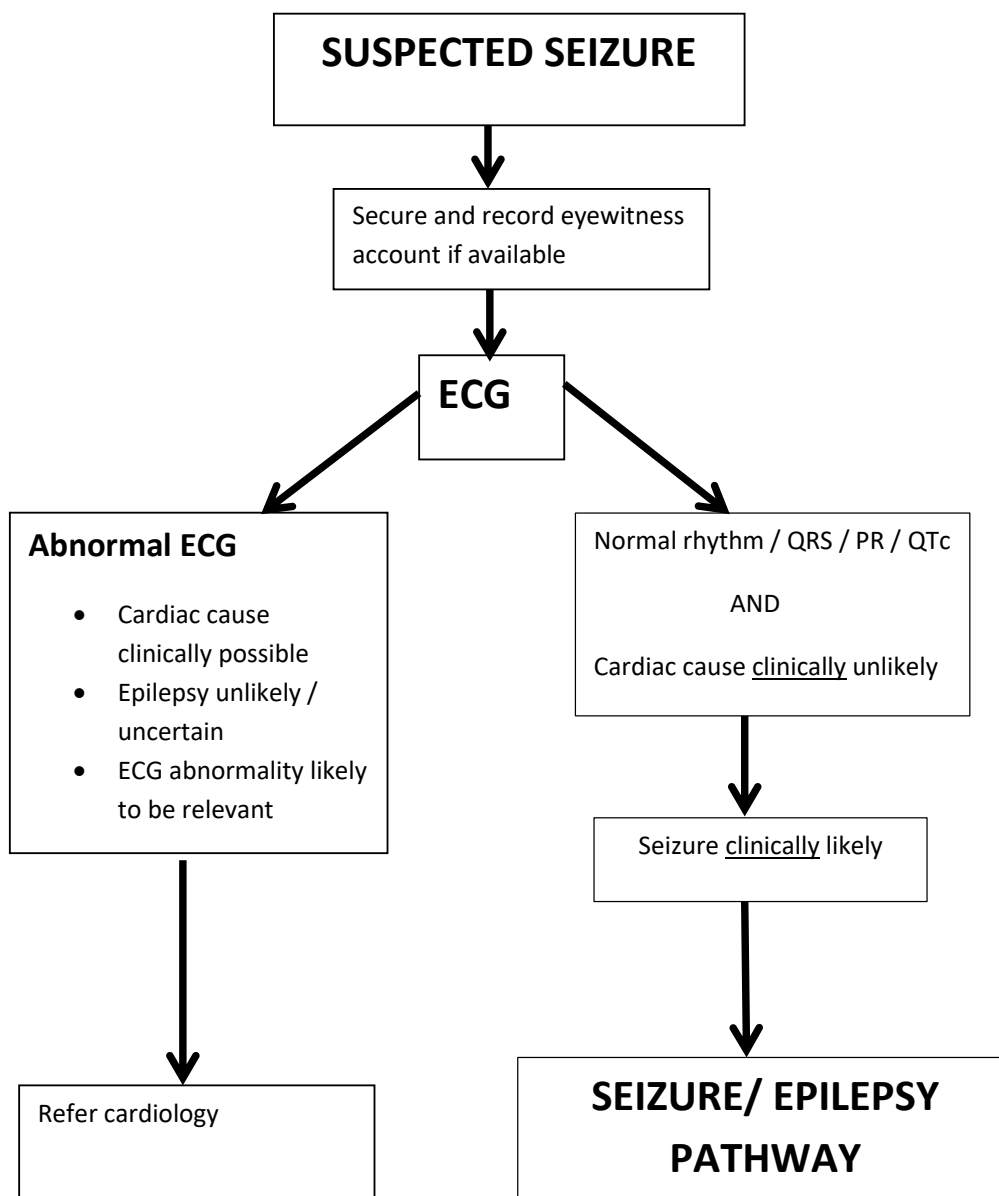


Adult Seizure and Epilepsy Management Pathway (16 years of age and above)



(HOSPITAL NAME)

First seizure ☐ or Epilepsy/recurrent seizure ☐

Consider and assess clinically for possible secondary / symptomatic causes

- History
- Examination (consciousness, fundi, plantars, temperature, ears, meningism)
- Glucose (treat immediately if low)
- U&E, FBC, calcium
- Toxicology including alcohol level (if indicated)
- Anticonvulsant levels
- Pregnancy test (if appropriate)

Evidence of serious underlying cause / symptomatic seizure? (see box)

No

Yes

- Single self-limiting attack
- Recovered after 60 minutes
- Normal examination and bloods
- Senior review

Yes

No

Possible causes of symptomatic seizures

- Tumour / metastasis
- CVA / subdural
- Subarachnoid haemorrhage
- Trauma / abscess
- Drugs / alcohol
- Encephalitis / meningitis
- Cerebral sinus thrombosis
- Pregnancy (eclampsia)
- Metabolic (eg hyponatraemia; hypoglycaemia; DKA)

Pointers:

- Fever, meningism
- Focal signs, papilloedema
- Persistent and/or sudden onset headache
- Impaired consciousness / altered mental state >60 minutes
- Recurrent (serial) seizures / status
- After acute head trauma
- Malignancy, immunosuppression, bleeding tendency, alcoholism

ADMIT

- See status epilepticus treatment sheet if required
- Consider possibility of non-epileptic attacks
- Consider investigating for causes listed in box 'possible causes of symptomatic seizures' (above)
- Scan (CT / MR)
- LP if required and safe
- MR / CT venogram in selected cases
- Local alcohol pathway if applicable
- Request neurology advice
 - DGH consultant
 - SpR Walton 0151 525 3611

- Discharge with advice sheet (NB also discuss driving)
- EMAIL referral to mailto: WCNNReferrals@nhs.net ENTER SUBJECT AS: "SEIZURE REFERRAL"
- With patient + referrer details and contact info in email + brief history
- WITH (if possible / available please) attached scanned copies of:
 - These clinical notes (this page)
 - any eyewitness account
 - ECG & bloods (if ECG not attached, please state result in email, including rhythm, PR, QRS, QTc)

Status Epilepticus Management Advice

**Please see new Walton Centre status epilepticus guideline
at**

<https://www.thewaltoncentre.nhs.uk/473/pathways-for-health-professionals.html>

This can easily be accessed from the Walton Centre website where there is a prominent(link to
“information and downloads for healthcare professionals”

***(PLEASE GIVE THIS INFORMATION TO PATIENT PRIOR TO
DISCHARGE)***

Your hospital appointment

After attending A&E, you will be referred to a specialist (neurologist) to see if a cause for your seizure can be found. The appointment will be at the Walton Centre in Liverpool or at one of the Walton Centre clinics in your local hospital. You will be contacted about this shortly. When you go to your appointment, if possible take someone with you who saw your seizure. In the meantime, if you have another seizure, or have any concerns, you should contact your GP or re-attend A&E. If you do not hear anything about your appointment in the next 4 days please call: **0151 556 3213**.

Patient information after loss of consciousness or seizures

- There are many different causes of blackouts or episodes of being unconscious. Sometimes, no definite cause can ever be found, even after having various tests. Sometimes they are caused by seizures.
- There are many types of seizure. They can cause different symptoms including absent moments, stiffening and/or jerking muscles and falling down. Seizures can be so brief that no one notices, or they can last for many minutes.
- If you have had one seizure, you may never have another. However, it's natural to worry that this might happen. This leaflet is to show your family, or carers, what to do, if you do have a tonic-clonic seizure. This is the most commonly recognised type of seizure. It also looks at other issues, such as safety, the driving laws, and work.

What happens in a tonic-clonic seizure?

You go stiff, lose consciousness and, if you are standing, fall to the ground. You have jerking movements and, because your breathing pattern has changed, you might get a blue tinge around your mouth. You might lose control of your bladder, or bowels, or both. After a minute or two, the jerking stops and you will slowly return to consciousness.

First aid for tonic-clonic seizures - Remember ACTION¹ for tonic-clonic seizures

- A Assess** the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury
- C Cushion** their head (with a jumper, for example) to protect them from head injury
- T Time** - check the time – if the seizure lasts longer than five minutes you should call an ambulance
- I Identity** - look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do
- O Over** - once the seizure is over, put them on their side (in the recovery position). Stay with them and reassure them as they come round
- N Never** restrain the person, put something in their mouth or try to give them food or drink



Call an ambulance if:

- You know it is the person's first seizure, or
- The seizure lasts for more than five minutes, or
- One seizure follows another without the person gaining consciousness between seizures, or
- The person is injured, or
- You believe the person needs urgent medical attention

Some people need to rest for a few minutes after a seizure. Others may need to sleep for some time. Epilepsy Action has a two-minute video that gives first aid information based on the ACTION message. You can see it at www.epilepsy.org.uk/action

Driving – the law

If you hold a driving licence, it is your legal responsibility to inform your driving agency of any medical condition that could affect your driving. This includes any episodes of loss of consciousness or altered level of consciousness. If you live in England, Scotland or Wales, this is the Driver and

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Vehicle Licensing Agency (DVLA). If you live in Northern Ireland, it is the Driver and Vehicle Agency (DVA). You should not drive until your driving agency says you can.

Safety

Because there is some risk that you could have another seizure, it makes sense to think about safety. This doesn't mean you will have to stop doing all the things you usually do. But it may mean putting things in place to keep risks to a minimum. Here are some examples:

- If you are having a bath or shower, consider having someone with you, or just outside the door, checking that you are safe
- If you have free-standing heaters, try to place them where they are least likely to be knocked over during a seizure
- Try to avoid placing your bed against a wall or next to a radiator. This can prevent you knocking your limbs on the wall, or burning yourself, on the radiator during a tonic-clonic seizure

Seizure triggers

There are some things – triggers - that make seizures more likely for some people. However, not everyone has a trigger for their seizures. Common triggers are stress, lack of sleep, missing meals or drinking large amounts of alcohol.

Work

Depending on the type of work you do, you may need to take some precautions for a while. Talk to your manager, to make sure you are as safe as possible at work and are not breaching any health and safety regulations.

Epilepsy Action has more information about driving, safety, seizure triggers, alcohol and work.

Our thanks

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Contacts:

Epilepsy Action - Epilepsy Helpline Freephone 0808 800 5050, text 0753 741 0044, email helpline@epilepsy.org.uk, tweet @epilepsyadvice, www.epilepsy.org.uk

Mersey Region Epilepsy Association - Helpline: 0151 298 2666, email: mrea@epilepsymersey.co.uk website: www.epilepsymersey.org.uk

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