

RETU Seizure Pathway

Required testing prior to RETU admission

- ECG
- electrolytes, glucose, anticonvulsant level
- If new onset seizure: NCHCT, neurology consult
- Pregnancy test in women of childbearing age

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability
- Pregnancy, hypoxemia, CO exposure, DTs
- Status epilepticus or persistent postictal state
- Positive CT scan (CVA, SAH, mass, etc)
- Persistent new neurological deficit on exam
- Concern for meningitis or stroke
- New EKG changes or significant arrhythmia

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Cardiac
- Neuro
- Vascular

Initial Testing

- Labs: CBC, Chem 7 (others as clinically indicated)
- Imaging: NCHCT (if new onset or persistent neuro deficit)

Monitoring

- Continuous telemetry monitoring
- Seizure Precautions
- Serial neuro exams

Consults

- Neurology (if new onset)

RETU Treatment / Evaluation

Therapeutic anticonvulsant level*

N

Y

- Dose home anticonvulsant
- Consult neurology for medication recommendation (if warranted)

Serial neuro exam normal

+

Seizure free

+

Return to baseline mental status

N

Consult Neurology for admission

Y

Discharge with neurology follow up

* If the level has not resulted, do not hold home doses of anticonvulsants

Disposition Guidelines

Discharge from RETU

- Hemodynamic stability
- Mental status baseline
- Therapeutic level of anticonvulsant (if indicated)
- No deterioration in clinical status
- Correction of clinically significant abnormal labs

Admission to Hospital

- Deterioration of clinical condition, mentation, neuro exam, vitals
- Recurrence of seizures