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



Not appropriate for RETU

- Hemodynamic instability
- Prognancy bynavamia CO
- 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 FKG 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)

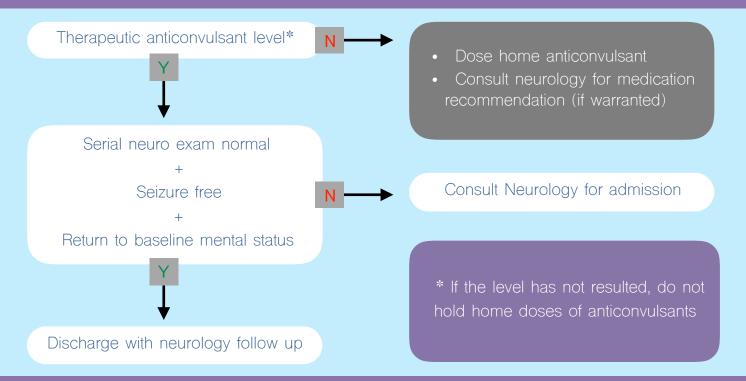
Monitoring

- Continuous telemetry monitoring
- Seizure Precautions
- · Serial neuro exams

Consults

Neurology (if new onset)

RETU Treatment / Evaluation



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