First Paediatric Afebrile Seizure Pathway

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Introduction

Epilepsy is a common neurological disorder in childhood which is characterised by recurring seizures. Diagnosing epilepsy can be complex, and it has been estimated that misdiagnosis occurs in up to 30% of people. It is therefore crucial that specialists are involved early in diagnosing epilepsy. NICE hence recommends that all children and young people (CYP) with a recent onset suspected seizure should be seen by a specialist within two weeks of referral.

The new NHS contract from April 2017 requires hospital to arrange internal referral with a specialist if a patient has already presented acutely with that problem (e.g. in the emergency department), rather than requesting the respective general practitioners (GP) to make a specialist referral.

Our aims were to:

A) determine what percentage of patients have follow up arranged following the first presentation of an afebrile seizure

B) determine where these follow-up arrangements were to, eg GP, Children’s Assessment Unit (CAU), Paediatric outpatient clinic

C) determine the time between the initial patient contact to the clinic appointment

Methods and Materials

Information on patients under the age of 16 who presented with a seizure to the emergency department (ED) between the 1st of June 2017 and the 31st of December 2017 was collated.

A retrospective review of those who presented with a first afebrile seizure was undertaken and their electronic clinical notes analysed. (Figure 1)

Patient demographics (Figure 2) and results were then analysed.

Methodology

![Methodology](Image)

Results

Follow up

- 8/53 (15%) were referred from ED → GP
- 2 of these were then referred to the Paediatric Epilepsy clinic by primary care
- 1 to General Paediatric Clinic
- 15/53 (28%) were referred from ED → CAU
- 21/53 (39%) were referred to Paediatric Epilepsy clinic
- 11 from CAU
- 8 from ED
- 2 from GP

*32 out of 53 children did not get referred to Paediatric Epilepsy services*

Timeframe

![Timeframe](Image)

Conclusion

*Only 40% of the patients were being referred to Paediatric Epilepsy Services. *Only 2% of the patients were being seen by a specialist in epilepsy within the nationally recommended 2 week timeframe.

*Poor compliance to national standards were felt to lead to:
- Poor delivery of patient care
- Dissatisfaction amongst GP colleagues, local staff and patients

Hence active interventions were implemented locally, which included the introduction of:

A) First Afebrile Seizure Referral Pathway (Figure 4)
B) First Afebrile Seizure Trust Guideline
C) Bi-monthly First Afebrile Seizure Clinics

References