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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

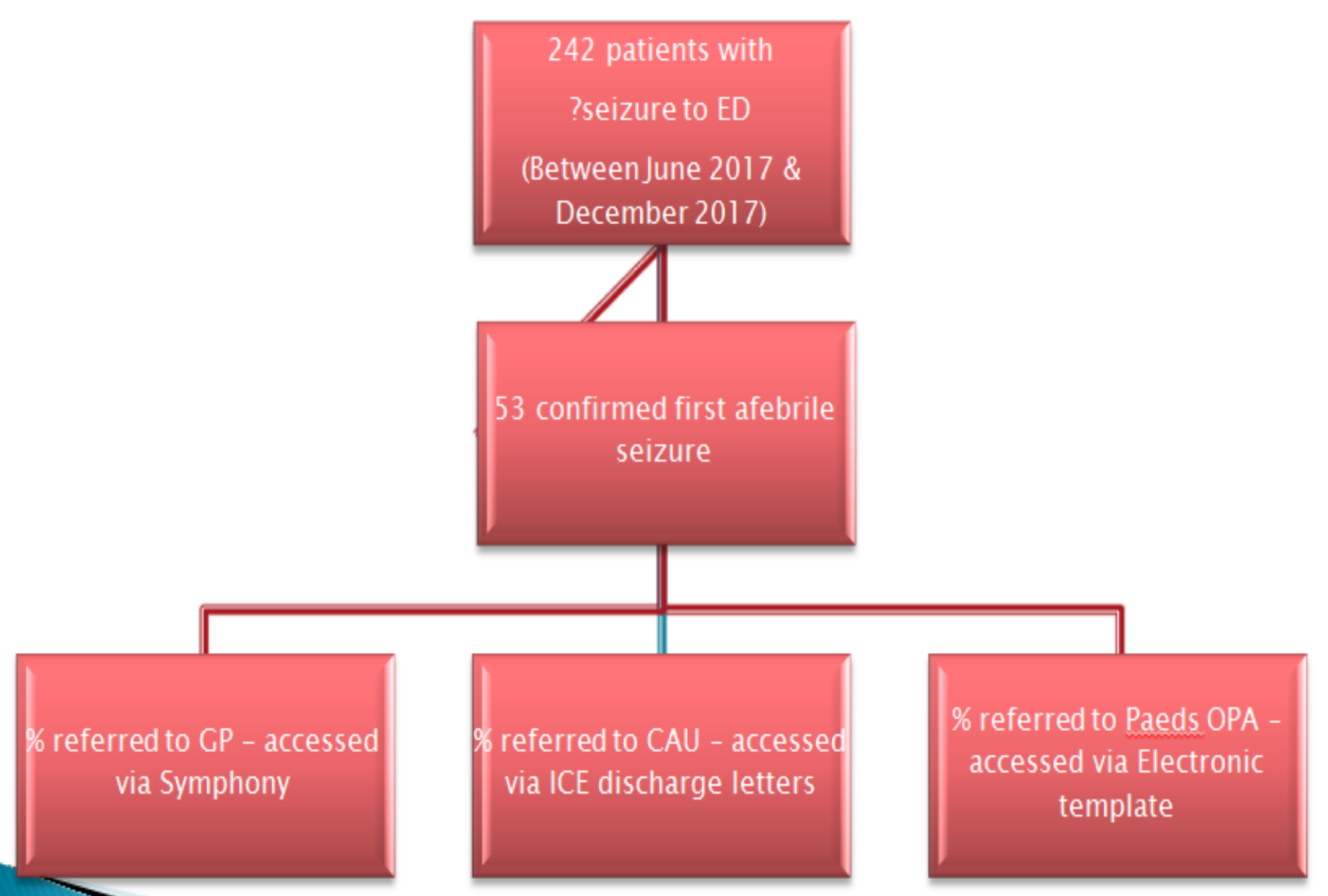


Figure 1. Methodology

Demographics		n (%)
Gender	Male	29 (54.7)
	Female	24 (45.2)
Age	<30 days	0 (0)
	1 – 6 months	1 (1.8)
	7 months – 1 year	4 (7.5)
	> 1 year – 5 years	23 (43.3)
	6 – 10 years	12 (22.6)
	11 – 12 years	6 (11.3)
Seizure type	13 – 16 years	7 (13.2)
	GTCS	20 (37.7)
	Absence	5 (9.4)
	Myoclonic jerks	2 (3.7)
	Tonic	3 (5.6)
	Atonic	5 (9.4)
	Focal seizures	4 (7.5)
	Others	14 (26.4)

Figure 2. Patient demographics

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

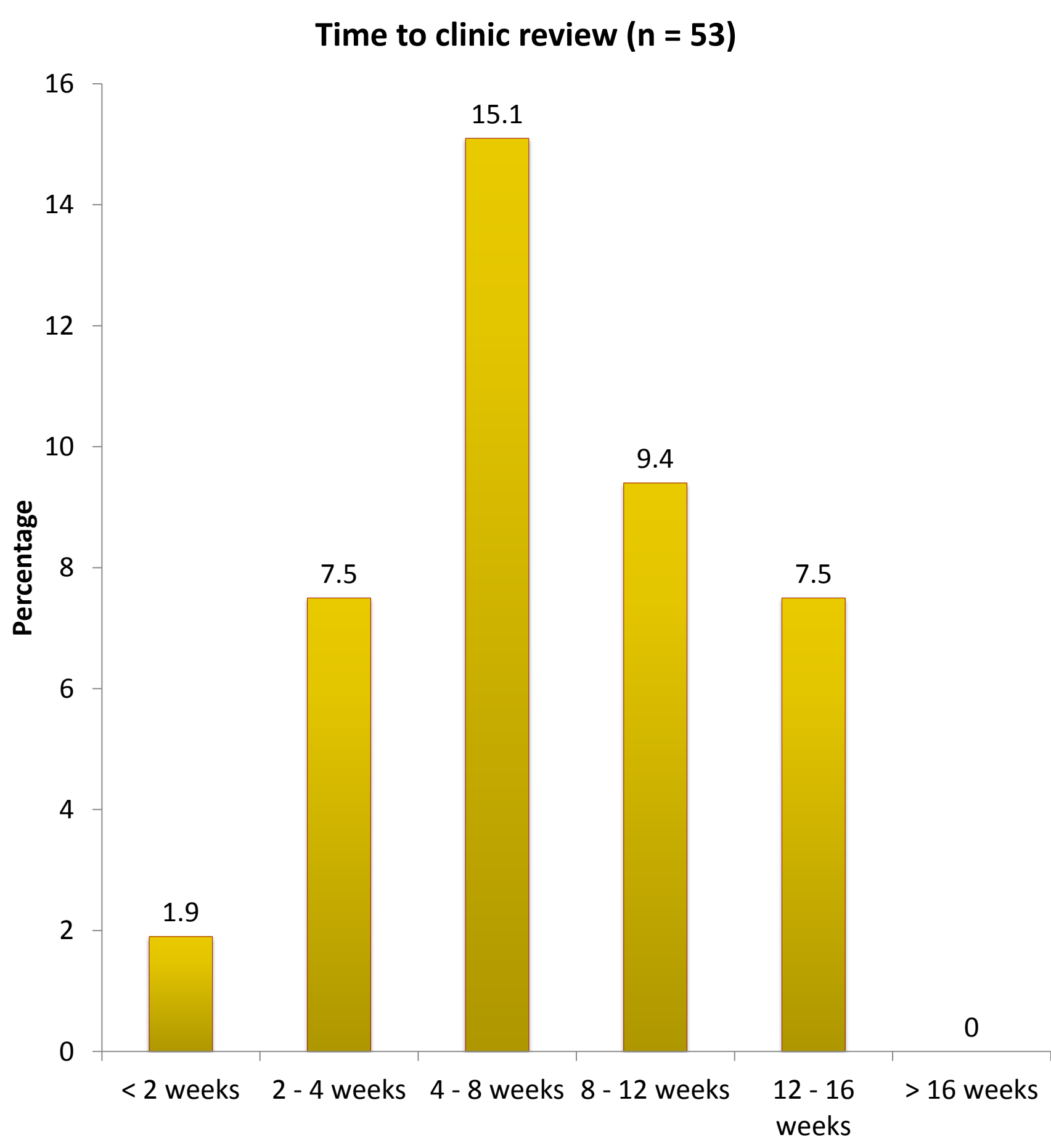


Figure 3. Time taken to be reviewed in Paediatric Epilepsy Clinic

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

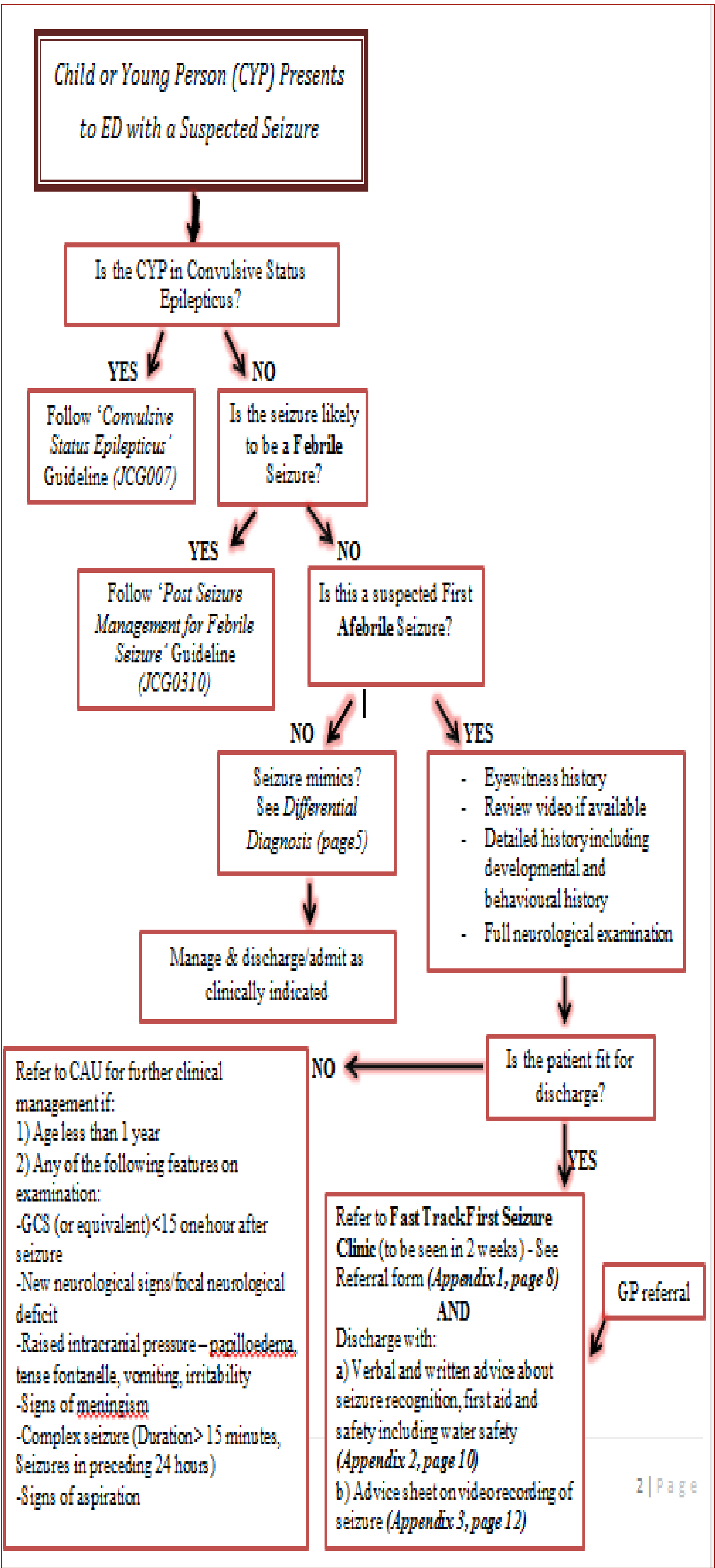


Figure 4. Paediatric First Afebrile Seizure Referral Pathway

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