

Quality of Seizure Assessments in Emergency Department

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Introduction and Aims

Seizures are one of the top 10 presentations to the emergency department, requiring thorough assessment to distinguish the likely cause, identify those presenting with a serious illness and plan appropriate investigations.

Methodology

We reviewed medical records for 70 seizure episodes in children under 16 attending the emergency department to assess quality of seizure history, assessment including physical examination and bedside investigations; and safety netting advice at discharge.

Results

History from eyewitness = 59/70

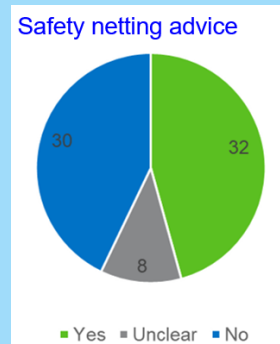
Febrile illness during episode = 47/70

Start of seizure witnessed = 58/70

Motor activity well described = 60/70

Developmental enquiry in under 5s = 21/ 49

Duration of postictal phase unclear- 43/70



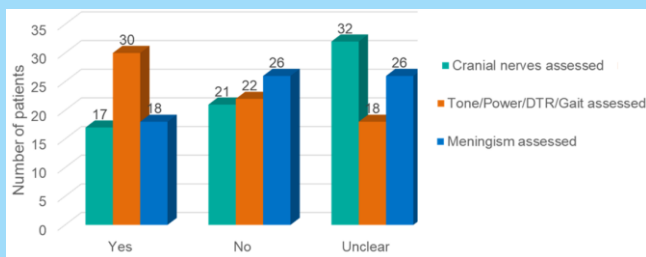
Meningeal signs assessed – 18/70 despite 47 cases presenting with fever >38 Degrees.

Cranial nerve examination- 17/70

Neurological examination (Tone/power/DTR)- 30/70

Discharged home- 53/70

Safety netting advise- 32/53 cases discharged home



Conclusions-The quality of seizure assessment and documentation was variable. Any other emergency department in the UK is likely to have similar findings, highlighting the need for regular education, use of checklists for seizure history and reminders about recording of safety netting information.