Seizures

University Hospitals of Leicester NHS
NHS Trust

Guidelines for Management of
Acute Medical Emergencies

Patient presents after possible seizure

Fully recovered
AND
No abnormal signs

INCOMPLETE RECOVERY
AND/OR
ABNORMAL SIGNS

FIRST FIT

No need to admit

ICE service referral to Neurology
Epilepsy Services Referral For Adults <First Fit Clinic>

Driving must cease pending assessment – document in notes

Give advice if alcohol or drugs are possible precipitants

PATIENT KNOWN TO HAVE EPILEPSY

No need to admit

Consider small increase in AED dose

Draw blood specimen for anti-epileptic drug levels.

IF not under Neurology follow up, consider routine referral
ICE service referral to Neurology
Epilepsy Services Referral For Adults <Routine Epilepsy Clinic>

Give advice if alcohol, drugs or non-adherence are possible precipitants

- **ADMIT** for observation and refer to neurology
- Continue any existing AEDs after taking blood for serum levels and ensure that no doses are missed
- Urgent contrast CT brain scan **IF** focal neurological signs or evidence of raised intracranial pressure.
  - *MRI may be needed later*
  - *If known to have epilepsy, CT **not indicated** unless there are new signs – obtain old notes as soon as possible.*
- Lumbar puncture IF evidence of infection (and no contradiction evident on CT scan)
- Treat with aciclovir IF suspicion of encephalitis
- If further seizures use IV lorazepam as required or treat for status epilepticus as appropriate - see Status Epilepticus Guidelines

Click for UHL Guideline Convulsive status epilepticus in adults: Initial management

If convulsive seizure <u>with prolonged post ictal phase,</u> then please observe for 24 hours before discharge.

Guidelines for the Management of Seizures Approved at ESM Q&S Meeting 2nd February 2022
Author: Dr Khalid Eltayeb, Consultant Neurologist
Contact: Dr Khalid Eltayeb, Consultant Neurologist
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