

Child (<16) presents with PAROXYSMAL EVENT (episode of loss of consciousness, blank staring or other brief unusual behaviour)

History

Detailed description of event –

- Before (trigger? Concurrent illness? Behaviour change? Cessation of activity?)
- During (collapse? Colour change? Altered consciousness? Body stiff or floppy?, limb movements?)
- After (sleepy?, unusual behaviour? Unsteady?, limb weakness?)
- Copy and paste YAS EPR entry
- Can child be distracted at any point
- Does the event occur during exercise
- Developmental history
- Family History
- Assess for red flags below

Examination

- Documented neurological examination including gait – observe eye movement, look for a new squint
- Cardiac Examination including blood pressure (esp if associated with exercise / colour change)

Investigations

- Ask parents to video events and keep detailed, descriptive diary (day, time, event-before, during and after)
- ECG
- **Routine bloods are NOT required unless clinically indicated**

Red Flags

- Age < 1year
- Acute confusion
- Pervasive behaviour change / lethargy
- New onset, recurrent convulsive seizures (>1 per week)
- Abnormal cardiac examination or ECG findings
- Abnormal neurological examination findings
- Symptoms of raised intracranial pressure (blurred / double vision, headache at night or on waking, persistent nausea / vomiting)
- Signs of sepsis / meningitis

Parent Advice Sheet: <https://what0-18.nhs.uk/professionals/hospital-staff/safety-netting-documents-parents/fits-faints-and-funny-turns>

Red Flags present?

Yes

Refer to PAU

Speak to Paeds Reg

No

Diagnostic uncertainty or possible new epilepsy diagnosis

Yes

Non urgent referral

- Document history and examination (esp. neuro)
- Ask parents to video events
- Give seizure safety advice
- **Send message to Jaya Pulla and Matthew Taylor through EPR to request appointment**

No

No referral required

The following are examples of benign paroxysmal episodes that do not require a referral to paediatrics if the diagnosis is secure:

- Breath holding attacks
- Simple Faint
- Reflex Anoxic Seizures (document normal ECG)
- Sleep Myoclonus
- Night Terrors
- Simple febrile seizures

Patient: Callen:
 To: Pulla, Jaya Mallika Taylor, Matthew Jonathan
 CC: Clin
 Subject: General
 Attachments

 Message
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