Confidential EMAIL Referral -FIRST FIT CLINIC

Please attach patient sticker here or record

Name: . . . . . .

Hosp No: | | | | | | | | | | |

NHS No: | | | | | | | | | | |

D.O.B: . . . /. . . . /. . . . . Male ☐ Female ☐

Email: FAO: Neurology Co-ordinator

wah-tr.OPA-Neurology@nhs.net

AGH		**WRH**	

See over for First Fit Clinic Eligibility requirements
These referrals will be audited so please ensure eligibility criteria is met

Brief description of seizure which may include repetitive limb movements>1 minute, deep cyanosis, confusion after event, lateral (NOT tip) tongue bite, prodromal Déjà vu, abnormal behaviour (amnesia, unusual posturing)

Features – all MUST be ticked 'No'	yes	no
Preceding history of sudden onset severe headache		
Family history sudden cardiac death <40yrs		
Significant structural heart disease		
Event occur during exercise		
History of brain / head injury		
Related to alcohol or drug (incl. illicit) use / withdrawal		
Patient <16yr old		
Known seizure disorder		
Patient has learning disability (see over if yes)		
Recently commenced on any of: amitriptyline, metronidazole, tramadol, levofloxacin, ciprofloxacin, theophylline, haloperidol		
Abnormal Neurological examination **including fundoscopy**		

If 'YES' to any below then discuss case with a senior doctor <u>before referral</u>	yes	no
Event preceded by sweating		
Event precipitated by prolonged sitting / standing		
Pallor during episode		
Nausea / vomiting after event		
Short lasting shaking / twitching / myoclonus		

Discharge – all MUST be ticked 'yes'	yes	no
Patient given first fit advice **&** advised not to drive **&** to re-attend if further seizure		
Normal vital signs incl. BM ,Temp **&** full recovery (GCS 15) **&** Neg- βhCG in females 16-55yrs		
CT scan performed if >65yrs or other indication (see over)		
Normal ECG reviewed (QTc, WPW) & copy given to patient to bring to clinic		
Normal blood results reviewed (FBC, U&E, Ca, Mg, LFT, glucose)		

Referring doctor (Print): Designation:

Duty ED Consultant (Print): Date:

Do not leave in notes – once completed, hand this to a receptionist to Email

Sign and date when Emailed	

INFORMATION ONLY – Do Not Email this side

First Fit Clinic Information

- The First Fit clinic is for patients aged 16 or over who have had their first seizure.
- If patient agrees, please ask any witness to also attended the clinic appointment, and if they are unable to attend, ask them to provide a written account for the patient to take with them.
- The clinic will arrange imaging and EEGs if necessary.
- It is NOT a 'shortcut' to a Neurology opinion
- It is NOT for patients with a known seizure disorder
- It is NOT for patients with learning disabilities, instead refer to Dr Tom Heafield (Consultant Neurologist, WRH), and email learning disability co-ordinator (Bryher.Ellwood@nhs.net)

Emergency Department guidance Management Seizures

Following termination of seizure

First Seizure History – ensure the following is documented in the ED notes:

- Witness history
- Type of seizure (generalised, partial)
- History of seizures, febrile fits, meningitis, head injury
- Family history seizures
- Possible precipitants (alcohol, drugs, sleep deprivation)

Examine for signs of causes (eg. pregnancy, pyrexia) and signs of injury from seizure (eg. shoulder dislocation).

Investigations

⊡ Exclude hypoglycaemia
⊡ Blood tests U&Es, LFTs, Ca, Mg, Glucose, FBC
⊡ ECG (look for long QTc, WPW)
⊡ Urinalysis

First Seizure indications for Urgent CT head scan

- new focal neurological deficit
- persistent altered mental status
- fever or persistent headache
- recent head trauma
- history of cancer or HIV
- focal or partial onset seizure
- patient follow-up cannot be ensured
- anticoagulation or bleeding diasthesis
- past history of stroke or TIA
- new seizure in >65yr old

Observe for 6 hours – consider admission to the CDU / EDU– see separate protocol

Management of Syncope / T-LOC / Collapse in the Emergency Department

'Collapse' - Diagnoses NOT to be missed

⊙Subarachnoid haemorrhage	⊙Carotid artery dissection	⊙Ruptured ectopic pregnancy
⊙Pulmonary embolus	⊙Aortic dissection	⊙GI bleed.

Collapse – abrupt loss of postural tone, with or without transient loss of consciousness (T-LOC). **Syncope** - T-LOC due to global impairment of cerebral perfusion. **Uncomplicated syncope** suggested by presence of any of the following in the absence of an alternative diagnosis **P**osture (prolonged standing or sitting), **P**rovoking factor (pain, fear, emotion), **P**rodrome symptoms (sweating/ feeling warm), **P**ost T-LOC nausea or vomiting. Situational syncope occurs when syncope is clearly and consistently provoked by straining / micturition / coughing etc.

Features suggestive of **epilepsy** include tongue biting, abnormal behaviour (amnesia, witnessed unresponsiveness, unusual posturing), post-ictal confusion, head turning to one side during T-LOC and prodromal déjà vu or jamais vu. Epilepsy is less likely if the episode is preceded by sweating, it is precipitated by prolonged standing / sitting or there is pallor during the episode. Shaking / twitching of limbs or myoclonus is not necessarily diagnostic of epilepsy – occurs frequently in syncope.

Perform a thorough **examination** and ensure all observations are recorded (**BM**, Temp, SaO_2, BP, HR, RR). Perform further investigations according to clinical case. All causes of collapse must have an ECG performed and a copy given to the patient, also consider performing a postural blood pressure (orthostatic hypotension is suggested by fall >20mmHg on standing from supine or systolic>90mmHg).

The majority of cases with normal examination, observations, ECG and postural blood pressures should be able to be discharged home with / without OPD follow-up. If in doubt seek senior advice. Advice on driving at https://www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals-neurological-chapter-appendix.