Evaluation of seizure in child with known epilepsy

**Breakthrough Seizure**

Has patient returned to baseline?

- Yes
  - Isolated brief seizure less than 5 min

- No
  - Repetitive
    - Neurology consultation
      - 1. Routine labs
      - 2. Anticonvulsant levels
      - 3. Consider EEG
      - 4. Consider LP
      - 5. Call peds service to consider admission if not back to baseline in 30 min or if recurrent seizures or if family requests depending on level of anxiety

1. Anticonvulsant levels
2. Consider routine labs
3. Etiology? Check for:
   - Ongoing infection (URI, GE, etc)
   - Constipation, changes in sleep pattern
   - Illicit drug use (consider urine toxicology screen)
   - Psychosocial stress
   - Recent medication changes (anticonvulsant meds, drug interactions with new medicine)
   - Noncompliance
4. Review plan for increased seizures from last neurology appointment note in powerchart
5. Head CT not usually necessary
6. Please always draw anticonvulsant levels except for rufinamide (Banzel), clobazam (Onfi), lacosamide (Vimpat)

When to call the resident

- Patient not back to baseline neurologic status
- Recurrent or prolonged seizures
- Advice re: anticonvulsant dose adjustment

Scheduling

- Patient can be seen in ER at 8 AM by on call neurology attending
- Patient can be scheduled into neurology clinic in 1-2 days
  - Ad hoc must always be done
  - May also leave message on voice mail:
    - Debbie Roybal, admin assistant child neurology division (272-3152)