Evaluation of new-onset, non-febrile seizure
Child over 2 months old

- Routine lab studies:
  CBC, electrolytes, calcium, magnesium, glucose, urine toxicology

- Preferred neuroimaging is MRI. Consider CT scan if MRI not available in patient with persistent focal neurological signs, depressed mental status beyond expected postictal time, or concerns of raised ICP.

- If discharged from ER, advise return for re-evaluation if seizure recurs or change in neurological status compared to baseline.

When to call the resident
Recurrent or prolonged seizure
Patient not back to baseline neurologic status

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)