SEIZURES REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROLOGY • 92 CAMPUS DRIVE, SUITE B, SCARBOROUGH, ME • (207) 883-1414

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Infantile Spasms (IS)

New Onset Generalized Seizures

New Onset Focal Seizures

Possible seizure in an infant

SPASMS EXAM: typically present at 3-7 months with repetitive flexion spasms/ arm extensions, may occur in clusters upon awakening

SUGGESTED PREVISIT WORKUP

Neurology will coordinate:

Spasms: Often need inpatient admission for work up (MRI, EEG, LP, metabolic screen, genetic testing) and initiation of therapy

All: Awake/asleep EEG at MMP Neurology +/- MRI brain without contrast (we use EEG findings to decide if MRI is needed)

*CT only indicated for acute brain injury or elevated ICP

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Prior diagnosis of epilepsy on anti-seizure medication

Non-specific “staring spells”

Convulsive syncope

EXAM: Note that hyperventilation for 3 minutes will elicit clinical spells in 2/3rds of patients with Childhood Absence Epilepsy

SUGGESTED WORKUP

Consider hyperventilating patient with staring spells in the office; if clinical event is elicited, expedite referral

Consider seizure mimics: ALTE, breath-holding, Sandifer’s, Shuddering attacks, sleep myoclonus etc.

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Simple febrile seizure: generalized tonic clonic activity of several minutes duration associated with fever

ADHD with nonspecific spells of decreased responsiveness

EXAM: Focused on cause of fever for febrile seizure

SUGGESTED MANAGEMENT

Infants and toddlers 6 months to 2 years of age with a first simple febrile seizure typically do not require imaging, EEG, or consultation

Febrile seizure in children less than 6 months or over 2 years, or with multiple recurrences of simple febrile seizures, or complex febrile seizures may benefit from consultation

CLINICAL PEARLS

- Psychogenic non-epileptic seizures (PNES) can be characterized by side to side shaking, bilateral asynchronous movements, crying, moaning, stuttering, back arching, pelvic thrusting eye flutter or eye closure, preserved awareness despite generalized motor involvement, waxing and waning pattern with fluctuating responsiveness.
- Lab test for new onset seizures should be individualized to historical and clinical findings such as vomiting, diarrhea, dehydration, or altered mental status. Toxicology should be considered if there is suspicion for ingestion.
- Lumbar puncture in the acute phase is of limited value and should only be done if meningitis or encephalitis is suspected.
- Electroencephalograms in children and adolescents often have atypical sharp transient waveforms and slowing which can be misinterpreted as abnormal by an EEG reader who is accustomed to reading primarily adult EEGs. **If possible EEGs should be performed at MMP - Neurology.**

Maine Medical PARTNERS

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