# Seizure (First Unprovoked) Inpatient Care Guideline



#### **Inclusion Criteria**

 Children ≥ 1 month of age with 1<sup>st</sup> unprovoked seizure

### **Exclusion Criteria**

- < 1 month of age
- ICU status, trauma, chronic systemic illness
- Fever
- Status epilepticus

Admit to hospital, 5<sup>th</sup> floor NSI if bed available for:

- 1 or more seizures within 24 hours with recovery of consciousness between seizures
- No respiratory or cardiovascular compromise
- Non-febrile

Neurology Consult

- Baseline BMP (if not already done)
- EEG, awake and asleep
- Non-urgent MRI <u>scan of brain</u> with and without contrast
- Seizure precautions
- IV fluids or saline lock
- Continuous pulse oximetry

## **Discharge Criteria**

- Seizures controlled or improved
- Underlying cause evaluated and if identified, treated
- Patient education completed

## **Recommendations/Considerations**

- Obtain a detailed neurologic examination and developmental assessment. History can reveal possible unrecognized seizure activity
- Consider LP only if there is concern for possible meningitis or encephalitis
- CT is indicated for suspicion of mass lesion, hydrocephalus, or trauma
- Treatment with an antiepileptic drug is not routinely indicated for the prevention of epilepsy. Decision to begin antiepileptic drug will be based on risk of seizure recurrence

#### **Patient Education**

- Education should be geared toward decreasing fear and promoting understanding of seizure event. Provide information on how to handle any seizure that may occur in the future
- Safety issues: turn head to side with mouth facing downward, protecting from injury during seizure, recording seizure characteristics
- Appropriate use of 911
- Precautions to include no unattended bathing or swimming
- Paperwork provided for DMV notification and/or school notification, if applicable
- View Instant Healthline videos on CPR and Seizure first aid
- Handouts: Seizure Recognition and First Aid
- Seizure Action Plan
- DMV Form links:

Driver Medical Evaluation: https:// www.dmv.ca.gov/portal/wcm/connect/ f92586ac-be7a-456b-af31-b35acc029982/ ds326.pdf?MOD=AJPERES&CVID=

Confidential Report: https:// www.cdph.ca.gov/ CDPH%20Document%20Library/ ControlledForms/cdph110c.pdf

## References Seizure, First Unprovoked Care Guideline

American Academy of Neurology. Practice Parameter: Evaluating a First Nonfebrile Seizure in Children. Neurology, 2000; 55: 616-623. <a href="http://www.neurology.org/cgi/reprint/55/5/616.pdf">http://www.neurology.org/cgi/reprint/55/5/616.pdf</a>

American Academy of Neurology. Practice Parameter: Treatment of the Child with a first Unprovoked Seizure. Neurology, 2003; 60: 166-175. http://www.neurology.org/cgi/reprint/60/2/166.pdf

Berg AT. Risk of Recurrence After a First Unprovoked Seizure. Epilepsia 2008; 49 (Suppl. 1): 13-18. <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1528-1167.2008.01444.x/full">http://onlinelibrary.wiley.com/doi/10.1111/j.1528-1167.2008.01444.x/full</a>

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