

ER SEIZURE/EPILEPSY patient general clinical work-up guideline & follow up

1. On arrival of patient - 1st time or breakthrough seizure

CT head w/o

CBC, Electrolytes

Urine drug screen if indicated

Anti-seizure medication level should be drawn if there is a question of compliance, drug-drug interactions, or the patient is pregnant

A prolactin level does not need to be drawn

2. Admission Yes/No?

A patient with a first time seizure does not necessarily need to be admitted to the hospital:

Yes, if any of the below:

If NO admission(standard of care is):

1. The patient has an injury due to the seizure (bleed, fracture etc)
2. The patient had multiple seizures
3. The patient has a focal neurological deficit.
4. Patient has not returned to baseline prior to ED discharge
5. The patient is pregnant

1. Out patient follow up with an epilepsy specialist within 14 days.
2. Out patient EEG
3. Out patient MRI brain

**See below for when to refer to epilepsy clinic. #2 and #3 above will be handled by the clinic*

When to refer to McLaren Macomb Seizure/epilepsy clinic:

Any patient with a new diagnosis of seizures/epilepsy should be referred to the epilepsy clinic.

Any patient with an existing diagnosis of seizures/epilepsy and/or on anti-seizure medication should be offered a follow up in the epilepsy clinic, if they do not have / have not seen a seizure specialist.

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