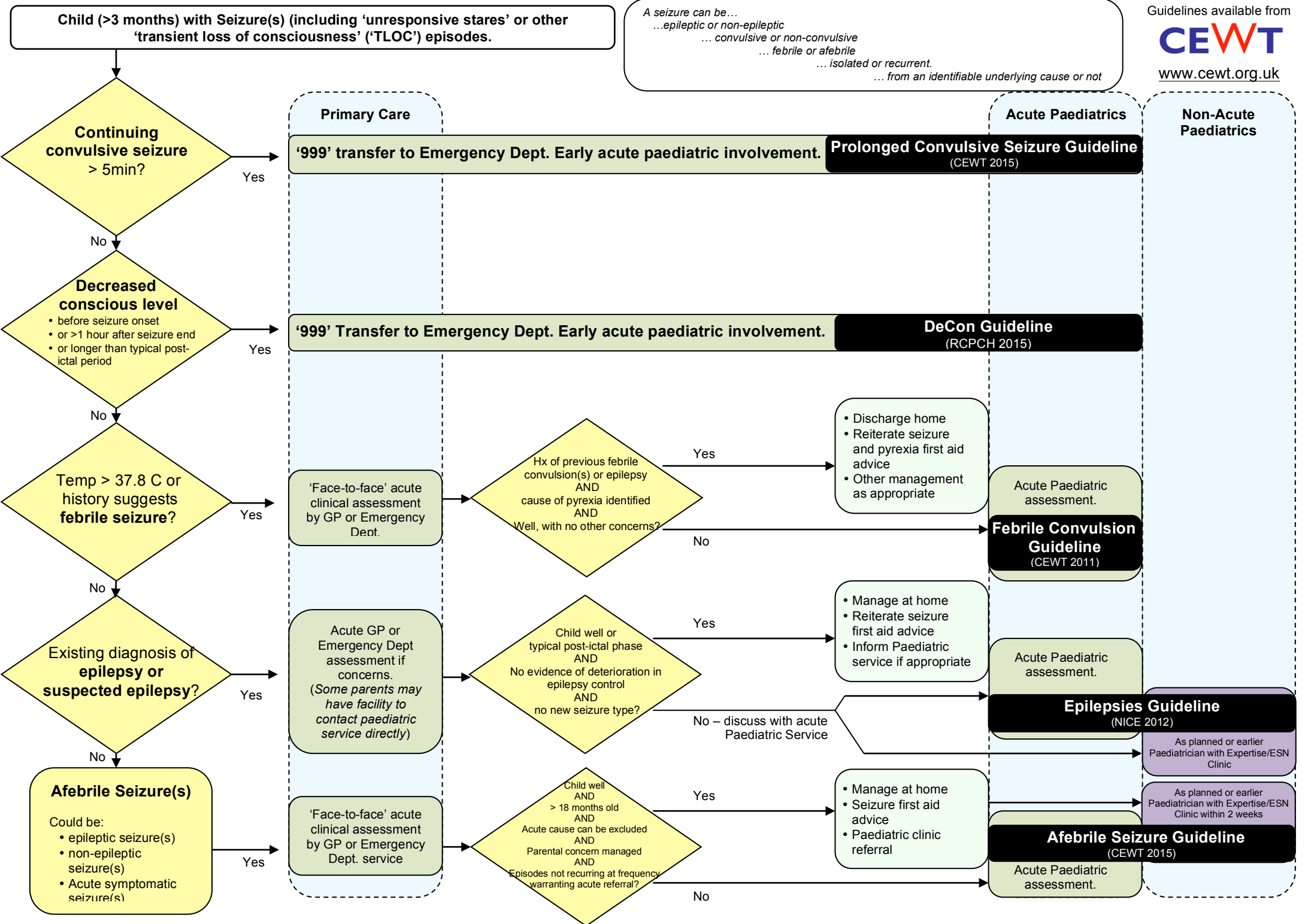


A seizure can be...  
 ...epileptic or non-epileptic  
 ... convulsive or non-convulsive  
 ... febrile or afebrile  
 ... isolated or recurrent.  
 ... from an identifiable underlying cause or not



**Primary Care**

**Acute Paediatrics**

**Non-Acute Paediatrics**

'999' transfer to Emergency Dept. Early acute paediatric involvement. **Prolonged Convulsive Seizure Guideline** (CEWT 2015)

'999' Transfer to Emergency Dept. Early acute paediatric involvement. **DeCon Guideline** (RCPCH 2015)

'Face-to-face' acute clinical assessment by GP or Emergency Dept.

• Discharge home  
 • Reiterate seizure and pyrexia first aid advice  
 • Other management as appropriate

Acute Paediatric assessment.

**Febrile Convulsion Guideline** (CEWT 2011)

Acute GP or Emergency Dept assessment if concerns. (Some parents may have facility to contact paediatric service directly)

Child well or typical post-ictal phase AND No evidence of deterioration in epilepsy control AND no new seizure type?

• Manage at home  
 • Reiterate seizure first aid advice  
 • Inform Paediatric service if appropriate

Acute Paediatric assessment.

**Epilepsies Guideline** (NICE 2012)

As planned or earlier Paediatrician with Expertise/ESN Clinic

As planned or earlier Paediatrician with Expertise/ESN Clinic within 2 weeks

**Afebrile Seizure(s)**  
 Could be:  
 • epileptic seizure(s)  
 • non-epileptic seizure(s)  
 • Acute symptomatic seizure(s)

'Face-to-face' acute clinical assessment by GP or Emergency Dept. service

Child well AND > 18 months old AND Acute cause can be excluded AND Parental concern managed AND Episodes not recurring at frequency warranting acute referral?

• Manage at home  
 • Seizure first aid advice  
 • Paediatric clinic referral

Acute Paediatric assessment.

**Afebrile Seizure Guideline** (CEWT 2015)

As planned or earlier Paediatrician with Expertise/ESN Clinic within 2 weeks