NEW ONSET SEIZURE EVALUATION, ADULT, EMERGENCY DEPARTMENT & INPATIENT, GUIDELINE

Updated: May 2, 2022

Clinical algorithm:

Patient presents to ED with new onset seizure

ED Work Up:
- CT scan of the head with and without contrast
- CXR
- Lab work: CBC, CMP, urinalysis, medication level for anti-seizure medication that the patient is currently taking
- Perfect Serve on call neurologist

Patient back to baseline?

Yes
- CT scan of the head with and without contrast if not completed in ED
- Potential to start Anti-epileptic drug

No
- Admission to BW/BL/Zeeland & order continuous EEG

Outpatient Follow up Needed:
- MRI with and without contrast
- EEG
- Referral to Epilepsy clinic to be seen in 2 weeks (place in discharge tab- Follow-up Providers: SHMG Epilepsy 25)
Clinical guideline summary

CLINICAL GUIDELINE NAME: New Onset Seizure Evaluation, Adult, Emergency Department & Inpatient

PATIENT POPULATION AND DIAGNOSIS: Adult patients presenting to the Emergency Department with new onset seizure symptoms.

APPLICABLE TO: BW, BL, and Regional ED and inpatient spaces

BRIEF DESCRIPTION: The clinical guideline will provide direction for initial work-up on an adult patient presenting with a new onset seizure. If back to baseline, the patient can be discharged provided there is timely outpatient follow-up with Neurology. Following the algorithm will increase efficiency, decrease cost of care, and decrease length of stay.

OPTIMIZED EPIC ENHANCEMENTS (if applicable):

IMPLEMENTATION DATE: May 2022

LAST REVISED: May 2022

Pathway Information

OVERSIGHT TEAM LEADER(S): Dr. Michelle DeJesus and Dr. Amjad Abdallah

EXPERT IMPROVEMENT TEAM (EIT): Neurology

CLINICAL PRACTICE COUNCIL (CPC): Acute Health and Neurology

CPC APPROVAL DATE: Acute Care: December 28, 2021; Neurology: February 18, 2022

OTHER TEAM(S) IMPACTED: Emergency department, hospitalists, neurology

FOR MORE INFORMATION, CONTACT: Dr. Michelle DeJesus and Dr. Amjad Abdallah

References: