Clinical Assessment Management tool for Children



Red Flags Single episode of loss of consciousness, blank staring or other brief unusual behaviour

History

- Birth and developmental history
- Family history of similar events, epilepsy, sudden cardiac death
- **Event History:**

Before:

- Triggers (for example, exercise)
- concurrent illness •
- behaviour change
- cessation in activity

During:

- collapse
- colour change
- altered consciousness
- body stiff or floppy
- limb movements •

After:

- sleepy
- unusual behaviour ٠
- unsteady •
- limb weakness •

Examination

- Neurological examination including gait (observe for any asymmetry, observe eye movements, look for a new squint)
- Cardiac examination including blood pressure (especially if event associated with exercise/colour change)

Investigations

 Ask parents to video events and keep detailed, descriptive diary (day, time, history of event before, during & after)

• ECG

| GREEN | AMBER Diagnostic uncertainty or possible new epilepsy diagnosis | Urgeı |
|--|---|-------------------------|
| The following can be managed in primary care. Consider routine paediatric referral if diagnostic uncertainty. • Breath holding attacks • Simple faint • Reflex anoxic seizures (document a normal ECG) • Sleep myoclonus • Night terrors Manage locally with appropriate written and verbal safety net advice Useful Links: ILAE: <u>https://www.epilepsydiagnosis.org/epilepsy-imitators.html</u> STARS: <u>http://www.heartrhythmalliance.org/stars/uk</u> | Refer to Paediatric First Fit Clinic as outpatient if possible seizure Provide written and verbal advice, see our page on <u>seizures</u> (which includes first aid advice) and <u>RCPCH information leaflet</u> for parents following a first seizure Refer to Paediatric outpatients if concerned or diagnostic uncertainty | Refer to paediatrics to |

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups



Primary and Community Care Settings

- New onset <2 years
- Abnormal cardiac examination or ECG findings
- Abnormal neurological examination findings
- Symptoms of raised intracranial pressure (blurred/
- double vision, headache at night or on waking,
- persistent nausea/vomiting)
- Signs of sepsis/meningitis
- Persistent acute confusion
- Developmental delay or regression
- Possible infantile spams



RED ent same day referral

to be seen same day

