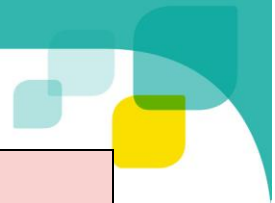


# First afebrile seizure in children - referral proforma

Please use this proforma for children who can safely be discharged before admission to the children's ward, but where follow up is felt necessary.

Children under 1 year of age, if there is a **red flag**, or if there is clinical uncertainty should be discussed with the paediatric registrar before discharge.

<b>Date of referral:</b>		
<b>Referred from:</b> (include name of referrer if applicable)		
<b>Patient details:</b>		
Name:		
MRN:		
DOB:		
<b>Observations:</b>		
HR:	RR:	Sats: Temp: BM:
<b>Clinical details:</b>		
<b>Co-morbidities (tick those that apply):</b>		
Perinatal/preterm <input type="checkbox"/>	Autistic spectrum <input type="checkbox"/>	FH of epilepsy <input type="checkbox"/>
Developmental delay/LD <input type="checkbox"/>	ADHD <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
		.....
		.....



<p><b>Red flags</b> (delete as appropriate):</p> <p>Focal seizure Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Focal neurology Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Head injury Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Hypoglycaemia Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Febrile/clinically unwell Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Abnormal cardiac exam Y<input type="checkbox"/>/N<input type="checkbox"/></p>	<p>&lt; 1 year of age Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Previous seizures Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Medication required for termination of seizure Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Seizure &gt; 10mins Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Incomplete recovery Y<input type="checkbox"/>/N<input type="checkbox"/></p>	<p>VP shunt in situ Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Known medical comorbidity Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Drug/alcohol use Y<input type="checkbox"/>/N<input type="checkbox"/></p> <p>Safeguarding concerns Y<input type="checkbox"/>/N<input type="checkbox"/></p>
<p><b>Checklist (tick to confirm completion):</b></p> <p>ECG <input type="checkbox"/></p> <p>Manual calculation of QTc: .....</p>	<p>Safety issues discussed <input type="checkbox"/></p> <p>First fit leaflet <input type="checkbox"/></p>	<p>Senior in agreement that referral needed <input type="checkbox"/></p> <p>No red flags (see above) <input type="checkbox"/></p>

**If the completion of this proforma has been discussed with anyone prior to completion, please document details below:**

**Complete this proforma and email for further triage to [ruh-tr.paediatricemergencyclinic@nhs.net](mailto:ruh-tr.paediatricemergencyclinic@nhs.net)**