

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.

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| **Date of referral:** | | |
| **Referred from:** (include name of referrer if applicable) | | |
| **Patient details:**  Name:  MRN:  NHS No:  DOB: | | |
| **Observations:**  HR: RR: Sats: Temp: BM: | | |
| **Clinical details:** | | |
| **Co-morbidities (tick those that apply):**  Perinatal/preterm  Developmental delay/LD | Autistic spectrum  ADHD | FH of epilepsy  Other (specify)  ……………………….  ………………………. |
| **Red flags** (delete as appropriate)**:**  Focal seizure Y/N  Focal neurology Y/N  Head injury Y/N  Hypoglycaemia Y/N  Febrile/clinically unwell Y/N  Abnormal cardiac exam Y/N | < 1 year of age Y/N  Previous seizures Y/N  Medication required for termination of seizure Y/N  Seizure > 10mins Y/N  Incomplete recovery Y/N | VP shunt in situ Y/N  Known medical comorbidity Y/N  Drug/alcohol use Y/N  Safeguarding concerns Y/N |
| **Checklist (tick to confirm completion):**  ECG  Manual calculation of QTc:  **………………………………** | Safety issues discussed  First fit leaflet | Senior in agreement that referral needed  No red flags (see above) |

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

**Person completing the form:**

|  |  |
| --- | --- |
| **Name:** | **Role:** |
| **Date:** | **Signature:** |

**Complete this proforma and email for further triage to:**

[**ruh-tr.paediatricemergencyclinic@nhs.net**](mailto:ruh-tr.paediatricemergencyclinic@nhs.net)

Eve Bassett V1 01/07/2020 Review date 30/06/2022 Approved by Documentation Compliance Group DCG464

This record forms part of a legal document. It must be signed, dated, legible, and filed appropriately in the patient’s record.