

SEIZURE REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

First Seizure

EXAM:
Should be normal or unchanged from baseline

SUGGESTED PREVISIT WORKUP

Please rule out syncopal convulsion and check orthostatics if indicated

Please obtain prior ER reports and acute imaging, and any EEG data performed outside of MMC/MMP including EEG tracings, if able

Initial ER visit indicated most of the time for assessment of new onset seizure and then urgent outpatient neurology consult if patient back to baseline

LABS:
EKG, CBC, electrolytes, tox screen and blood EtOH (if warranted)

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Active alcoholics with withdrawal seizures

Seizures with known cause and patient on appropriate medications are less urgent

Second opinion epilepsy referrals are NOT urgent.

Chronic epilepsy

EXAM:
Should be normal or unchanged from baseline

SUGGESTED WORKUP

Make sure we have all prior neurology records and test results including EEG, MRI, PET scans, Neuropsych tests

If chronic patients are controlled, indicate reason for referral to help us prioritize

If patient has a neurologist, indicate if this is transfer of care or testing only. Indicate seizure frequency

LABS:
Any recent blood AED levels.

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Suspected syncope (we can do EEG test only)

Patients with active polysubstance abuse with symptomatic seizures

Seizures triggered by hypoglycemia or known metabolic derangement

Chronic stable epilepsy. Patient requesting 3rd/4th opinions

SUGGESTED MANAGEMENT

Complete abstinence from drugs or EtOH, correct metabolic derangements

If patient has chronic epilepsy, is seizure free on stable medications and has no reason to consider changing medications, they can be managed by PCP. We can provide phone support if questions arise such as screening for chronic toxicity

Test only EEG, ambulatory EEG and inpatient monitoring is available for patients with competent neurologists

LABS:
Tox screen positive

CLINICAL PEARLS

- Syncopal convulsion is the most common diagnosis mistaken for seizures and requires careful history. Cardiology referral often indicated.
- Please ensure all prior neurologic records and testing is available before the consult.