

**Clinical Guideline:** Epilepsy Adult 1st Seizure Site: FPH

* Obtain a first-hand witness account of seizure & what the person experienced and the circumstances surrounding the episode
* Record diagnostic features including
* - Prodrome / warning  
  - State of consciousness  
  - Posture  
  - Presence of cyanosis  
  - Duration of attack  
  - Tongue biting  
  - Recovery time & residual symptoms
* Family history of epilepsy or previous funny turns
* Provoking factors including alcohol, illicit drugs, sleep deprivation

History

Neurological examination including

Visual fields

Limb weakness

Limb reflexes/ plantar response

Symmetry, gait & balance

Language & speech

* Attendance at First Fit clinic
* Provide basic first aid advice including
* - Stop driving and inform DVLA  
  - Showers not baths  
  - Supervised swimming  
  - No climbing ladders/scaffolds/roofs  
  - Do not use dangerous or rotating machines  
  - What to do if second seizure occurs
* Encourage use of mobile phone or other video technology to record further suspected seizures (with patients consent)

When a new diagnosis is suspected referral to an epilepsy specialist should be prompt to enable patients to be seen within 2 weeks of onset (NICE guidance 2012)

* FBC,U&E, LFT, Ca, Glucose
* ECG
* CT+C or MRI (GP can request CT/MRI if obvious Focal Neurology or if concerned about a possible focal lesion)
* EEG on specialist advice
* Formal diagnosis is carried out by a neurologist/epilepsy specialist due to the complex nature of the condition and classification
* The decision to start anti-epileptic drugs (AED's) should be made by a specialist and patient after consideration of the risk of recurrent seizures versus the impact of long term medication

Advice and Treatment

Referral Guidelines – red flag signs

Investigation

Examination

General Information