

Seizures –physical findings or changes in behaviour associated with an episode of abnormal electrical activity in the brain

- Unconscious collapse with likely seizure activity that appears unprovoked
- Focal seizure with or without impaired consciousness (could be motor/sensory/perceptual)
- Unwitnessed unconscious episode with slow postictal recovery, tongue biting or incontinence or Todd's.
- Established epilepsy is more than one episode of unprovoked seizure or other evidence for such risk eg abnormal EEG.

Information Required Investigations Required Presence of Red flags FBE, EUC, LFTs, CT head, EEG. Prolactin and CK . can be useful if taken within 24hr of seizure. Drugs and alcohol Family or personal history of epilepsy Past psychiatric disorder **Fax Referrals to Neurology Flinders Medical Centre** Fax: 8204 4059 **Red Flags** Status epilepticus CT head with abnormality Poor recovery postictally Systemically unwell **Suggested GP Management Clinical Resources** 1. Look for acute symptomatic causes of seizures: AUSTroads guidelines: Resolved focal deficit postictally or at onset of seizure http://www.austroads.com.au/driver arrange cerebral imaging. s-vehicles/assessing-fitness-to-drive Elicit history of provocation, alcohol, drugs, electrolyte **Patient Information** disturbance, hypoglycaemia, head injury. www.epilepsycentre.org.au Exclude cardiac event, syncope and refer as appropriate. 2. Indications for referral First unprovoked seizure History clear for epilepsy Pregnancy with epilepsy Complex issues with driving otherwise refer to Austroads guidelines. 6 month restriction generally applies.

General Information to assist with referrals and the and Referral templates are available to download from the SALHN Outpatient Services website <u>www.sahealth.sa.gov.au/SALHNoutpatients</u>



Version	Date from	Date to	Amendment
2.0	September 2016	October 2018	Removal of RGH details

2.0	October 2019	October 2021	No changes
3.0	December 2022	December 2024	Fax number updated