Audit of First Paediatric Assessment of Children Referred with Suspected Epilepsy Dunkley/Whitehouse v3 01-06

i	Audit No.		iii	Name of child	
ii	Audit base name		iv	Hospital no.	
			v	Postcode	

Audit of First Paediatric Assessment of Children Referred with Suspected Epilepsy

a	Consultant's name				
b	Audit no.		f	Date of referral?	
c	Audit base name		g	Date first appt offered?	
d	Date of birth		h	Date attended?	
e	Sex	Male ☐ Female ☐			

i Who made the referral? GP ☐ A&E ☐ Gen Paed ☐ Comm Paed ☐ other ☐ _____

j What type of setting was the child assessed in? Gen Paed Comm ☐ Gen Paed Hosp ☐ Secondary Epilepsy ☐ Neurology General ☐ Neurology Epilepsy ☐ Nurse Led Clinic ☐ Acute admission ☐ Other ☐ _____

k Which person(s) carried out the assessment? SHO ☐ SPR ☐ Con Gen Paed –hospital ☐ Epilepsy nurse ☐ Con Gen Paed–community ☐ Paed neuro ☐ Cons Gen Paed with expertise ☐ Other ☐ _____

l	Was epilepsy considered a possibility by the referrer or the assessor?	Yes ☐	No ☐
m	Was this a new patient referral?	Yes ☐	No ☐
n	Was this the first assessment by a paediatrician/epilepsy nurse for this problem?	Yes ☐	No ☐

1 HISTORY AND EXAMINATION

Was there a statement describing:

1a	The age at onset of the episode(s)?	Yes ☐	No ☐
1b	The sequence of events during the episode(s)?	Yes ☐	No ☐
1c	The duration of each type of episode?	Yes ☐	No ☐
1d	The frequency of the episode(s)?	Yes ☐	No ☐
1e	The presence or absence of any provoking or relieving factors/circumstances?	Yes ☐	No ☐
1f	Whether or not the history was obtained from an eye-witness?	Yes ☐	No ☐
1g	The presence or absence of a family history of epilepsy?	Yes ☐	No ☐
1h	The presence or absence of a relevant past medical history?	Yes ☐	No ☐
1i	The child's physical and neurological examination?	Yes ☐	No ☐

2 DIAGNOSIS

2a	Was there a statement on whether the episode(s) were considered to be:	Epileptic ☐ Non-epileptic ☐ Uncertain ☐
2b	If 'non-epileptic' what diagnosis was made?	
2c	If 'uncertain' what differential diagnosis was made?	
2d	Was it a single episode or isolated cluster (confined to 24h) of episodes?	Yes ☐ No ☐

Axis 1-2

If the episode(s) were diagnosed as epileptic seizures:

2e	Was the seizure type(s) identified?	Yes ☐	No ☐
2f	What are they?		

Axis 3

2g	Was an epilepsy syndrome or category diagnosis made?	Yes ☐	No ☐
2h	What was the name of any epilepsy syndrome or category diagnosis made?		

Axis 4

2i	Was there a statement made concerning an underlying cause for the epilepsy?	Yes ☐ No ☐
2j	If 'Yes' was it:	Symptomatic ☐ Cryptogenic/probably symptomatic ☐ Idiopathic ☐
2k	If symptomatic what was the underlying diagnosis?	

Axis 5

2m	Was there a statement on the child's development in the first 2 years of life?	Yes ☐ No ☐
2n	If of school age was there a statement on current school performance and progress?	Yes ☐ No ☐ N/A ☐

3 INVESTIGATION

3a	Was a video either requested or already available?	Yes ☐ No ☐
3b	Was an EEG either requested or already available?	Yes ☐ No ☐
3c	Was a CT head scan either requested or already available?	Yes ☐ No ☐
3d	Was an MRI head scan either requested or already available?	Yes ☐ No ☐
3e	Was an ECG either requested or already available?	Yes ☐ No ☐
3f	What other investigations were requested?	

4 TREATMENT

	Was there a statement on:	
4a	The current antiepileptic drug treatment (whether prescribed previously or initiated at this visit)?	Yes ☐ No ☐ N/A ☐
4b	The dose or doses of these antiepileptic drugs?	Yes ☐ No ☐
4c	Was the dose expressed in mg/kg?	Yes ☐ No ☐
	If a new antiepileptic drug was prescribed, was there a statement on:	
4d	Possible adverse effects?	Yes ☐ No ☐ N/A ☐
4e	Whether a written drug dosage schedule was given to the parent, carer or child?	Yes ☐ No ☐

5 COMMUNICATION

	Was there a statement:	
5a	Concerning a discussion regarding the acute management of a seizure?	Yes ☐ No ☐
5b	Concerning a discussion regarding activities and safety issues?	Yes ☐ No ☐
5c	Concerning issues related to contraception and pregnancy?	Yes ☐ No ☐
5d	Concerning the risk of death in epilepsy?	Yes ☐ No ☐
5e	Concerning issues related to driving?	Yes ☐ No ☐
5f	Concerning opportunity given for the child/young person to be seen alone?	Yes ☐ No ☐
5g	On whether the family were informed of the existence of a local or national voluntary epilepsy association?	Yes ☐ No ☐
5h	On whether details of appropriate epilepsy websites were given to the family	Yes ☐ No ☐
5i	On whether a copy of the clinic letter was sent to parents?	Yes ☐ No ☐
5j	On whether epilepsy information leaflet given to the family?	Yes ☐ No ☐
5k	Concerning communication with school?	Yes ☐ No ☐

6 FUTURE CARE

	Was there a statement on:	
6a	Who is to be responsible for the continuing follow-up?	Yes ☐ No ☐
6b	Specialist epilepsy nurse involvement?	Yes ☐ No ☐

7 COMMENTS

Audit of First Year of Children Referred with Suspected Epilepsy

Dunkley/Whitehouse v1 01-06

i	Audit No.		iii	Name of child	
ii	Audit base name		iv	Hospital no.	
			v	Postcode	

Audit of First Year of Children Referred with Suspected Epilepsy

a	Consultant's name		f	No. of A&E visits	(seizure/epilepsy related)
b	Audit no.		g	No. of inpatient stays	(seizure/epilepsy related)
c	Audit base name		h	No. of outpatient visits	(Including first)(seizure/epilepsy related)
d	Date of birth		i	No. of 'DNAs'	(seizure/epilepsy related)
e	Sex				

j	During the 12 month period at what type(s) of clinic was the child seen for their seizures?	Gen Paed Comm☐ Gen Paed Hosp☐ Secondary Epilepsy☐ Neurology General ☐ Neurology Epilepsy☐ Nurse Led Clinic ☐ Other ☐_____
k	During the 12 month period which person(s) were involved or referrals made to?	SHO ☐ SPR ☐ Con Gen Paed –hospital ☐ Epilepsy nurse☐ Con Gen Paed–community☐ Paed neuro☐ Cons Gen Paed with expertise☐ Other☐_____
l	Which other professionals have evidence of involvement	Psychologist☐ Psychiatrist☐ Senco/teacher☐ Other☐___
m	If a referral was made to a Paediatric Neurologist what was the date of referral?	
n	....and when was this appointment first offered?	

8 HISTORY AND EXAMINATION

	At outpatient appointments was there a statement describing:	
8a	The sequence of events during the episode(s)?	Yes(always)☐ No(never)☐ Sometimes☐ N/A☐
8b	The duration of each type of episode?	Yes(always)☐ No(never)☐ Sometimes☐ N/A☐
8c	The frequency of the episode(s)?	Yes(always)☐ No(never)☐ Sometimes☐ N/A☐
8d	During the 12 month period was there evidence that an eye-witness history was obtained?	Yes ☐ No ☐

9 DIAGNOSIS

9a	What was the latest statement by 12 months on whether the episode(s) were considered to be:	Epileptic ☐ Non-epileptic ☐ Uncertain ☐
9b	If 'non-epileptic' what diagnosis was made?	
9c	If 'uncertain' what differential diagnosis was made?	
9d	If 'non-epileptic' or 'epileptic' when was the diagnosis made?	Date_____
9e	Was there evidence that a diagnosis of epileptic seizure(s) was made and then withdrawn	Yes ☐ No ☐
9f	Any evidence that a diagnosis of non-epileptic episode(s) was changed to a diagnosis of epileptic seizures later?	Yes ☐ No ☐
9g	Which statement describes the <u>total</u> no. of episodes from first episode to 1 year following first assessment?	Single episode(or cluster within 24 hour period)☐ >1 episode (or cluster >24 hour period)☐
9h	Did the child have further episodes following initial assessment	Yes ☐ No ☐
9i	Was the child having ongoing episodes at 12 months	Yes ☐ No ☐ Uncertain ☐
9j	Were any of the episodes 'convulsive' (motor component)	Yes ☐ No ☐ Uncertain ☐
Axis 1&2		
	If the diagnosis at 12 months was 'epileptic' seizure(s)	
9k	Was the seizure type(s) identified?	Yes ☐ No ☐
9l	What was the seizure type(s) stated?	
Axis 3		
9m	Was an epilepsy syndrome or category diagnosis made?	Yes ☐ No ☐
9n	What was the name of any epilepsy syndrome or category diagnosis made?	

Axis 4		
9o	Was there a statement made concerning an underlying cause for the epilepsy?	Yes ☐ No ☐
9p	If 'Yes' was it:	Symptomatic ☐ Cryptogenic/probably symptomatic ☐ Idiopathic ☐
9q	If symptomatic what was the underlying diagnosis?	
Axis 5		
	At each outpatient assessment was there a statement on the:	
9r	child's developmental progress	Yes(always)☐ No(never)☐ Sometimes☐ N/A☐
9s	current school performance and progress?	Yes(always)☐ No(never)☐ Sometimes☐ N/A☐
9t	What was the nature of any developmental problem, learning difficulty, emotional/behavioural problem identified?	Learning difficulties/delay Mild☐ Mod☐ Severe☐ Autism/Autistic Spectrum Disorder☐ Developmental/cognitive regression☐ Other☐……

10 INVESTIGATION

	By 12 months which of the following investigations were requested or obtained	
10a	Video of the episodes	Requested ☐ Obtained ☐
10b	EEG	Requested ☐ date_____ Obtained ☐ date____ Result
10c	CT head scan	Requested ☐ Obtained ☐
10d	MRI head scan	Requested date_____ Obtained ☐ date____ Result
10e	12 lead ECG	Requested ☐ Obtained ☐ QTc calculated☐ Result
10f	Sleep/Sleep deprived EEG	Requested ☐ Obtained ☐ Result
10g	What other investigations were obtained or requested?	

11 TREATMENT

11a	Was an antiepileptic drug ever prescribed during the 12 month period (not emergency seizure treatment)	Yes ☐ No ☐
	At each assessment was there a statement on:	
11b	The current antiepileptic drug treatment	Yes(always)☐ No(never)☐ Sometimes☐
11c	The dose or doses of these antiepileptic drugs?	Yes(always)☐ No(never)☐ Sometimes☐
11d	Were doses expressed in mg/kg?	Yes(always)☐ No(never)☐ Sometimes☐
	If a new antiepileptic drug was prescribed, was there a statement on:	
11e	Possible adverse effects?	Yes(always)☐ No(never)☐ Sometimes☐
11f	Whether a written drug dosage schedule was given to the parent, carer or child?	Yes(always)☐ No(never)☐ Sometimes☐
11g	By 12 months how many antiepileptic drugs had been used?	

11h	**First Drug**	
11i	What was the Maximum dose in mg/kg achieved?	
11j	If this drug was stopped, what was the reason for stopping?	Adverse effect ☐ Inadequate benefit ☐ Other_____ Not stated ☐
11k	**Second Drug**	
11l	What was the Maximum dose in mg/kg achieved?	
11m	If this drug was stopped, what was the reason for stopping?	Adverse effect ☐ Inadequate benefit ☐ Other_____ Not stated ☐
11n	**Third Drug**	
11o	What was the Maximum dose in mg/kg achieved?	
11p	If this drug was stopped, what was the reason for stopping?	Adverse effect ☐ Inadequate benefit ☐ Other_____ Not stated ☐
11q	**Fourth Drug**	
11r	What was the Maximum dose in mg/kg achieved?	
11s	If this drug was stopped, what was the reason for stopping?	Adverse effect ☐ Inadequate benefit ☐ Other_____ Not stated ☐
11t	**Fifth Drug**	
11u	What was the Maximum dose in mg/kg achieved?	
11v	If this drug was stopped, what was the reason for stopping?	Adverse effect ☐ Inadequate benefit ☐ Other_____ Not stated ☐

11w	Were any of the above drugs used as a therapeutic combination? *(e.g. '1 & 2')*	
11x	If AED levels were taken what were the stated reasons?	Not stated☐ toxicity☐ compliance☐ drug interactions☐ other☐_____

11y	**Emergency Treatment**	
11z	Did the child have evidence of generalised convulsive seizures >10 min duration	Yes ☐ No ☐
11zz	Which emergency treatment was prescribed for home or community use?	PR diazepam☐ Buccal midazolam☐ other☐_____ none prescribed ☐

12 COMMUNICATION

	By 12 months was there a statement:	
12a	Concerning a discussion with the family/child regarding the acute management of a seizure?	Yes ☐ No ☐
12b	Concerning a discussion regarding activities and safety issues?	Yes ☐ No ☐
12c	Concerning issues related to contraception and pregnancy?	Yes ☐ No ☐
12d	Concerning the risk of death in epilepsy?	Yes ☐ No ☐
12e	Concerning issues related to driving?	Yes ☐ No ☐
12f	Concerning an opportunity given for the child/young person to be seen on their own?	Yes ☐ No ☐
12g	On whether the family were informed of the existence of a local or national voluntary epilepsy association?	Yes ☐ No ☐

12h	On whether details of appropriate epilepsy websites were given to the family	Yes ☐ No ☐
12i	Concerning communication with school?	Yes ☐ No ☐
12j	Was a copy of the clinic letter sent to parents?	Yes(always)☐ No(never)☐ Sometimes☐
12k	Was an epilepsy information leaflet given to the family?	Yes ☐ No ☐

13 FUTURE CARE

	At appointments was there a statement on:	
13a	Who is to be responsible for the continuing follow-up?	Yes(always)☐ No(never)☐ Sometimes☐
13b	What was the outcome for the child at 12 months	Discharged☐ Continuing follow up☐ DNA and no further appts offered☐ Open appt☐ Other☐……

14 COMMENTS