

Instructions for the use of the Audit of First Clinic Attendance of Children Referred with Suspected Epilepsy questionnaire

C Dunkley, WP Whitehouse

General points:

- This questionnaire has been developed by the BPNA audit group to allow assessment and comparison of epilepsy services. It is adapted from the previous audit tool used as part of a national audit published 1998¹.
- The top 'tear off' section is for local data that uniquely identifies the patient. This can be removed and retained by the local team. This allows anonymisation should data be analysed elsewhere.
- The questions should be answered by referring to the clinic letter and relevant entry in the notes. Information entered at subsequent visits should not be considered. If relevant data is included in the referral letter then this can be recorded as positive evidence.
- Just because this audit asks a question does not mean that it is implying that the particular practice is appropriate in each situation, eg discussion of death in epilepsy. Some questions are only of interest in those with a diagnosis of epilepsy.

Specific points:

- Audit no The 1st 3 digits/letters should identify your base for the audit, eg NTT for Nottingham, or QMC for Queen's Medical Centre (1st come 1st served) the next digits should be generated locally as consecutive forms completed 001-999! The same number should appear on both sections of the audit questionnaire. This number will uniquely identify each patient within the audit, link the 2 questionnaire sections and identify the centre coordinating the audit.
- j One or more individuals may be involved with assessment, eg SHO supervised by Consultant. Expertise as defined by BPNA².
- k, l, m Inclusion criteria questions. If these questions are not answered 'yes' then the patient does not meet the inclusion criteria for this audit.
- 2e If there is evidence that seizure types have been considered but have been diagnosed as unclassified then answer 'yes'.
- 2g Refer to table 3.³
- 2h If there is evidence that syndromes have been considered but diagnosed as unclassified then answer 'yes'.
- 2j Refer to table 4.³
- 4a If the patient was not on drug treatment tick 'N/A'.
- 4d If a new drug was not started tick 'N/A'.
- 5f If the family have refused this option then this should still be answered 'yes'.

- 6a This question should be answered 'yes' if there is documentation that the child has been discharged.

Outcomes

A number of other parameters can be obtained from the information collected:

- Time to appointment from referral
- In those diagnosed as having an epilepsy who was the most senior person involved in the assessment
- Percentage of children, in whom the diagnosis was uncertain, referred for EEG
- Percentage of children, in whom the diagnosis was non-epileptic, referred for EEG
- Percentage of children, in whom an epilepsy was diagnosed, referred for EEG

1. Appleton R, Besag F, Kennedy C et al. An audit of children referred with suspected epilepsy. *Seizure* 1998;**7**(6):489-95.
2. BPNA 2003 *A National Approach to Epilepsy Management in Children and Adolescents*
3. Engel J, ILAE Commission. A proposed diagnostic scheme for people with epileptic seizures and with epilepsy. *Epilepsia*. 2001 ;42(6):796-803.

(Updated 11 April 2005)