Audit of First Clinic Attendance of Children Referred with Suspected Epilepsy Dunkley/Whitehouse 2004

Audit No.		Name	
Audit base name		Hospital no.	
Consultant's name		Full postcode of patient	

Audit of First Clinic Attendance of Children Referred with Suspected Epilepsy

a	Audit no.		e	Date of referral?	
b	Audit base name		f	Date first appt offered?	
c	Date of birth		g	Date attended?	
d	Sex				

h	Who made the referral?	GP ☐ A&E ☐ Gen Paed ☐ Comm Paed ☐ other☐ _____
i	What type of clinic was the child assessed in?	Gen Paed Comm☐ Gen Paed Hosp☐ Secondary Epilepsy☐ Neurology General ☐ Neurology Epilepsy ☐ Nurse Led Clinic ☐ Other ☐ _____
j	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☐ _____
k	Was epilepsy considered a possibility by the referrer or the assessor?	Yes ☐ No ☐
l	Was this a new patient referral?	Yes ☐ No ☐
m	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?	

Axis 1-2

	If the episode(s) were diagnosed as epileptic seizures:	
2d	Was it a single seizure or isolated cluster of seizures?	Yes ☐ No ☐
2e	Was the seizure type(s) identified?	Yes ☐ No ☐
2f	What are they?	
2g	Is the stated seizure type(s) recognised in ILAE classifications[1]?	Yes ☐ No ☐

Axis 3

2h	Was an epilepsy syndrome or category diagnosis made?	Yes ☐ No ☐
2i	What was the name of any epilepsy syndrome or category diagnosis made?	
2j	Is the stated epilepsy syndrome recognised in ILAE classifications[1]?	Yes ☐ No ☐

Axis 4		
2k	Was there a statement made concerning an underlying cause for the epilepsy?	Yes ☐ No ☐
2l	If 'Yes' was it:	Symptomatic ☐ Cryptogenic/probably symptomatic ☐ Idiopathic ☐
2m	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**	