### Audit of First Clinic Attendance of Children Referred with Suspected Epilepsy

#### Audit No.

<table>
<thead>
<tr>
<th>Audit base name</th>
<th>Name</th>
<th>Audit base name</th>
<th>Hospital no.</th>
<th>Consultant's name</th>
<th>Full postcode of patient</th>
</tr>
</thead>
</table>

#### Audit of First Clinic Attendance of Children Referred with Suspected Epilepsy

<table>
<thead>
<tr>
<th>Audit no.</th>
<th>Date of referral?</th>
<th>Date first appt offered?</th>
<th>Date attended?</th>
</tr>
</thead>
</table>

#### Who made the referral?

- GP
- A&E
- Gen Paed
- Comm Paed
- other

#### 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

#### 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

#### Was epilepsy considered a possibility by the referrer or the assessor?

- Yes
- No

#### Was this a new patient referral?

- Yes
- No

#### Was this the first assessment by a paediatrician/epilepsy nurse for this problem?

- Yes
- No

#### HISTORY AND EXAMINATION

1. **The age at onset of the episode(s)?**
   - Yes
   - No

2. **The sequence of events during the episode(s)?**
   - Yes
   - No

3. **The duration of each type of episode?**
   - Yes
   - No

4. **The frequency of the episode(s)?**
   - Yes
   - No

5. **The presence or absence of any provoking or relieving factors/circumstances?**
   - Yes
   - No

6. **Whether or not the history was obtained from an eye-witness?**
   - Yes
   - No

7. **The presence or absence of a family history of epilepsy?**
   - Yes
   - No

8. **The presence or absence of a relevant past medical history?**
   - Yes
   - No

9. **The child's physical and neurological examination?**
   - Yes
   - No

#### 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

2d. **If the episode(s) were diagnosed as epileptic seizures:**

- Was it a single seizure or isolated cluster of seizures?
  - Yes
  - No

- Was the seizure type(s) identified?
  - Yes
  - No

2f. **What are they?**

2g. **Is the stated seizure type(s) recognised in ILAE classifications?**

Axis 3

2h. **Was an epilepsy syndrome or category diagnosis made?**

2i. **What was the name of any epilepsy syndrome or category diagnosis made?**

2j. **Is the stated epilepsy syndrome recognised in ILAE classifications?**

- Yes
  - No
<table>
<thead>
<tr>
<th>Axis 4</th>
<th>2k Was there a statement made concerning an underlying cause for the epilepsy?</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2l If ‘Yes’ was it:</td>
<td>Symptomatic ☐</td>
<td>Cryptogenic/probably symptomatic ☐</td>
</tr>
<tr>
<td></td>
<td>2m If symptomatic what was the underlying diagnosis?</td>
<td></td>
<td></td>
</tr>
</tbody>
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<tr>
<th>Axis 5</th>
<th>2m Was there a statement on the child’s development in the first 2 years of life?</th>
<th>Yes ☐</th>
<th>No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2n If of school age was there a statement on current school performance and progress?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

| 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 | 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 ☐ |
|   |          | 4d If a new antiepileptic drug was prescribed, was there a statement on: 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 | 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 | 6a Who is to be responsible for the continuing follow-up? | Yes ☐ | No ☐ |
|   |            | 6b Specialist epilepsy nurse involvement? | Yes ☐ | No ☐ |

| 7 | COMMENTS |