Recommendations

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on.

The recommendations highlight areas that are suitable for regular local clinical audit and quality improvement initiatives by those providing care to this group of patients. The results of such work should be presented at quality or governance meetings and action plans to improve care should be shared with executive boards.

Executive boards are ultimately responsible for supporting the implementation of these recommendations. Suggested target audiences to action recommendations are listed in italics under each recommendation.	
1	Have a system in place which enables emergency medicine/admitting clinicians to communicate with the patient's usual epilepsy clinical team (wherever the team is based) when the patient presents to hospital with a seizure (see also recommendations 3 and 13) *NB: Use an existing electronic alert system if available or check the patient's contact card if they are carrying one to identify the clinical team.* ***Target audience:*** *Neurology teams, epilepsy specialist nurses with support from emergency medicine, and Integrated Care Systems*
2	Document pre-existing anti-seizure medication in the case notes of patients presenting with a seizure. *NB: This information should be accessed via current national systems if the patient is not able to provide their current anti-seizure medication regimen* ***Target audience:*** *Emergency medicine, acute medicine, epilepsy specialist nurses, consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology, pharmacists*
3	Measure anti-seizure medication (ASM) levels in patients with epilepsy who arrive at hospital with a seizure if there is any concern about adherence to, absorption of, or dose of their ASM.* Notify the patient's usual epilepsy clinical team (wherever the team is based) or GP if there is no usual team, to follow-up on the results or to discuss any changes to medication or dosage. **Note that blood levels may not be a good indicator for all ASMs, and careful consideration should be given before they are measured.* *NB: Use an electronic alert system if available, or the patient's contact card if they are carrying one to identify the clinical team.* ***Target audience:*** *Emergency medicine, acute medicine, epilepsy specialist nurses, consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology*

4	Prescribers should be aware of, and follow, current Medicines and Healthcare products Regulatory Agency (MHRA) guidance regarding the use of valproate medicines* in any woman or girl with child-bearing potential. ***Associated links:*** • **Medicines and Healthcare products Regulatory Agency (MHRA) guidance – current guidance at the time of this report release in 2022: Valproate must not be used in any woman or girl able to have children unless there is a pregnancy prevention programme (PPP) in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant* • *Risk acknowledgement form* • *Information on the risks of valproate use in girls (of any age) and women of childbearing potential* • *Royal College of Paediatrics and Child Health. Epilepsy12* ***Target audience:*** *Prescribers of valproate medicines, medication safety officers, neurologists, obstetricians*
5	Develop a core set of investigations for all patients who present to the emergency department with a seizure. ***Target audience:*** *Royal College of Emergency Medicine and the Association of British Neurologists with support from the Royal College of Physicians and the Royal College of General Practitioners*
6	Develop a protocol that sets out the requirements for undertaking a CT scan of head in patients with known epilepsy. ***Target audience:*** *The Royal College of Radiologists, the Royal College of Emergency Medicine and the Association of British Neurologists with support from the Royal College of Physicians and the Royal College of General Practitioners*
7	Ensure patients with suspected or treated status epilepticus have emergency access to an electroencephalogram (EEG) to confirm diagnosis and monitor the effects of treatment. *NB: This aligns with SIGN 143: Diagnosis and management of epilepsy in adults (revised 2018)* ***Target audience:*** *Clinical directors in neurology, medical directors*
8	Commence and maintain a seizure chart for all patients admitted to hospital following a seizure. ***Target audience:*** *Consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology, epilepsy specialist nurses, emergency medicine and acute medicine*
9	Ensure there is specialist neurology advice available 24/7, either in person or by telephone, for patients admitted with epilepsy. ***Target audience:*** *Clinical directors in neurology, medical directors*

10	Provide dedicated sessions* for epilepsy specialist nurses to act as a point of contact and co-ordinate the pathway of care for patients who present to hospital with a seizure. *NB: This aligns with the Adult Epilepsy Specialist Nurse (ESN) Competency Framework* **The number of sessions needed should be assessed locally by determining how many patients are seen annually and the sessions could be shared across different sites as needed* ***Target audience:** Directors of nursing, clinical directors in neurology, medical directors supported by executive boards*
11	For patients presenting to hospital with a **first seizure:** Refer to a first seizure clinic appointment either in person or virtual, within two weeks of a patient having their first seizure* a. Explain to the patient and their family members or carers the potential causes of, and risks associated with seizures b. Document the discussion in the case notes and discharge letter *(see recommendation 14)* c. Provide resources to support these discussions for example, patient information leaflets and details of useful websites *(USEFUL LINKS)* **This aligns with NICE guideline NG217: Epilepsies in children, young people and adults (2022)* ***Target audience:** Emergency medicine, acute medicine, epilepsy specialist nurses, consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology*
12	For patients presenting to hospital with **known epilepsy:** a. Explain to the patient and their family members or carers the risks associated with epilepsy, including sudden unexpected death in epilepsy (SUDEP) b. Make a personalised risk reduction assessment, directly relevant to each patient c. Use all hospital presentations as an opportunity to reiterate the risks associated with epilepsy to the patient and their family members or carers d. Document the discussion in the case notes and discharge letter *(see recommendation 14)* e. Provide resources to support these discussions for example, patient information leaflets and details of useful websites *(USEFUL LINKS)* ***Target audience:** Emergency medicine, acute medicine, epilepsy specialist nurses, consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology*

13	Arrange follow-up plans before the patient is discharged from a hospital admission following a seizure to include: a. A first seizure clinic appointment either in person or virtual, within two weeks of a patient having their first seizure* b. Any investigations booked and reviewed by the patient's usual epilepsy team or neurology service and results sent to the GP *(see also recommendations 3 and 14)* c. Information for patients and their family or carers with details about local advice services and what action to take if a further seizure occurs *(USEFUL LINKS)* **Target audience:** *Epilepsy specialist nurses, consultant neurologists, physicians with an interest in epilepsy, specialist registrar in neurology, emergency medicine, acute medicine and third sector organisations who can provide ongoing support and guidance* **This aligns with NICE guideline NG217: Epilepsies in children, young people and adults (2022)*
14	Include the following in discharge letters to the patient and their usual epilepsy clinical team and/or GP for patients who have presented to hospital with a seizure: a. Diagnosis b. Medication c. Cause of the seizure d. Risks associated with recurrent seizures e. Specific safety advice given to the patient and their family or carers f. Follow-up arrangements in place *(see also recommendations 3, 11, 12 and 13)* **Target audience:** *Consultant neurologists, physicians with an interest in epilepsy, specialist registrars in neurology, epilepsy specialist nurses, emergency medicine and acute medicine*