

PLEASE CONSIDER REFERRING PATIENTS (AGE 16 AND OVER)

1. Seen in the emergency department who presented with a suspected new onset seizure, but have recovered, and are felt to be stable enough for discharge home with a family member for out-patient evaluation.
2. Seen in a primary care physician's office and do not have a known epilepsy diagnosis or follow with a neurologist, and who have experienced a new onset seizure within the last 2 weeks.

PLEASE DO NOT REFER THE FOLLOWING PATIENTS, WHO SHOULD BE SENT TO THE ED/ADMITTED:

1. Patients with recurrent seizures (status epilepticus)
2. Patients with seizures and residual neurologic deficit or suspected CNS infections, who need to be admitted for urgent neurologic evaluation.
3. Patients presenting with breakthrough seizures who are already followed by a neurologist or other physician for epilepsy, who should be referred back to that treating physician (not the new onset seizure clinic) for further care.

IF THE PATIENT IS IN THE EMERGENCY DEPT, PLEASE BE SURE TO ORDER THE FOLLOWING LABS:

1. CBC, CMP, Calcium, Magnesium, Prolactin, Urine Tox Screen

INSTRUCTIONS:

- Complete referral page and Fax it to 732 923 7449.
- Please tell the patient they will be contacted the next day with an appointment to be seen by an epilepsy specialist at the hospital's Neuroscience Institute within 1 week.
- Obtain patient signature on patient information sheet (keep one copy for the chart and give one copy to the patient to take home as instructions).

ANY QUESTIONS OR CONCERNS:

Call the Neuroscience program coordinator at 732-923 5576 M-F 8 am to 5 pm, or the on-call neurologist after hours.

Referring physician to complete this form and then fax to center 732 923 7449

Patient name: _____

Patient DOB: _____

Best contact phone # for patient _____

Seizure details: _____

Date of event: _____

Referral date: _____

Tests done in ED & results:

Brain Scan: CT scan of Brain or Brain MRI Date: _____ Results: _____

Blood tests and toxicology screen Date: _____ Results: _____

Did the patient receive meds? _____

Referring Physician _____, Date & Time _____



New Onset Seizure Clinic Patient Information

You have been diagnosed with a Seizure. You need to undergo further testing *as soon as possible* to identify the cause of your seizure and, if necessary, arrange for further treatment and follow-up. These tests cannot be done in the Emergency Department. The emergency room physician has determined that you are stable enough to be discharged home, as long as you agree to follow the instructions (below) and either come to the next New Onset Seizure Clinic here at the hospital or arrange your further testing by a neurologist or other physician of your choice within 1 week.

1. Expedited testing:

Expedited outpatient testing/evaluation is available through our Neuroscience Institute New Onset Seizure Clinic. Services include any further diagnostic studies that need to be completed, counselling on seizures as well as further treatment and follow-up.

2. If you chose our New Onset Seizure Clinic for your care:

- a. An appointment has been made for in the Neuroscience Institute on _____, 20____
- b. Please report to the BBR4 Registration desk at 8 am on that date where you will be directed to a member of our neuroscience team.
- c. Be sure to bring with you
 - Current list of all of your medications, including vitamins, supplements and over the counter drugs
 - Results from any recent blood work, CT or MRI studies
 - Other medical records you have at home
- d. Depending on the complexity of your case, you may need to spend several hours in the hospital, but you will be discharged before 4 pm.

If you have any questions about this information, please call our neuroscience service coordinator at 732-923-5576, M-F 9 am – 5 pm.

3. Please be sure to take the following precautions until you have been seen in the clinic:

- a. NO DRIVING
- b. Get plenty of sleep and try to keep as regular a schedule as possible. Try to avoid too much stress.
- c. Make sure your home is safe to help prevent injuries if a seizure takes place:
 - i. Keep your bathroom and bedroom doors unlocked. Keep these doors from being blocked.
 - ii. Take showers only. Do not take baths because of the risk of drowning during a seizure.
 - iii. When cooking, turn pot and pan handles toward the back of the stove.
- d. No jogging, swimming, biking, skiing, aerobics, cross-country skiing, dancing, tennis, golf, hiking, bowling, and any other activities where having a seizure would put you or someone else in danger.
- e.

4. Please advise family members what to do if you have another seizure:

- a. Do **not** place anything in the person's mouth or try to force his/her teeth apart. The person is not in danger of swallowing his/her tongue.
- b. Do **not** pour any liquid into the person's mouth or offer food or medicines until he/she is fully awake.
- c. If possible, turn the person on his/her side during the seizure.
- d. Place something soft under the person's head, loosen tight clothing, and clear the area of sharp or hard objects.
- e. Stay with the person until the seizure ends. Let the person rest until he/she is fully awake.
- f. Use a watch to time how long the seizure lasts.
- g. Watch the type of movement and position of the person's head or eyes during the seizure.

5. If you have any further symptoms or concerns before or after business hours, call 911 or return to the Emergency Department.

I have read and understand this information: _____
Patient (or if <18, Parent/Guardian) Signature

_____ Date