CLINICAL PATHWAY

Neurosciences

Uncomplicated Seizure
## Uncomplicated Seizure

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INTRODUCTION

Variation in care exists for patients presenting to Christiana Care Health System for acute care following a seizure. This clinical pathway supports optimal care for patients presenting to any Christiana Care Emergency Department with an uncomplicated seizure.

Scope of this Pathway

This care pathway will serve adult patients who have a documented diagnosis of an uncomplicated seizure at the time of disposition from any Christiana Care Emergency Department. Patients excluded from this pathway include: children <18, pregnant women, seizures felt secondary to acute trauma, infections, alcohol/drug use or severe metabolic derangement, CT of head with acute abnormality, failure to return to neurologic baseline, patients who are immunocompromised, patients who are not from this geographic area and could not followup with local physicians, and any patients admitted to the hospital for primary issue other than seizure.
Pathway Contacts

The content of this pathway is developed and maintained by the Neurosciences Service Line of Christiana Care Health System. Questions or feedback about the content may be directed to:

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Pathway Inclusions

Patient presenting to a Christiana Care Health System (Christiana Care) Emergency Department (ED), including Christiana (CHED), Wilmington (WED) and Middletown (MED), who have a documented diagnosis of seizure or suspected seizure at the time of disposition from the ED and do not meet one of the exclusion factors below.

Pathway Exclusions

1. Children < 18 years of age.
2. Pregnancy.
3. Seizures believed to be secondary to acute trauma, infections, alcohol/drug use or severe metabolic derangement.
4. CT of head with acute abnormality.
5. Failure to return to neurologic baseline.
6. Patients who are immunocompromised.
7. Patients who are not from the area and could not follow up with local physicians.
8. All patients admitted to the hospital for primary issue other than seizure.
Consider contacting on-call Neurology regarding discharge from ED, pathway patient outpatient follow up and/or medication recommendations.

Patients admitted to the hospital with uncomplicated seizures: Algorithm II

Within 24 hours

1. Inpatient neurology consult.
2. Case management and/or social work consult if necessary.
3. MRI and EEG.
4. Inpatient neurologist communicates with the outpatient practice to discuss follow up plan of care and completed tests.
5. When patient is discharged from the hospital, follow the outpatient neurology algorithm.

Outpatient Neurology: Algorithm II

1. At discharge, custom electronic instructions, patient education, and instructions to follow up outpatient neurology and their primary care provider within 2-4 weeks will be provided.
2. The outpatient neurology office will receive a daily list of pathway patients. This list and an individual plan of care for each patient will be reviewed to determine needs such as MRI Brain, EEG, and/or blood work.
3. The nurse will contact the patient by telephone:
   a. If this is a first time seizure, an appointment will be scheduled with an epileptologist within 2 weeks (or within 8 weeks if seen by an inpatient
neurologist). The nurse will also coordinate appointments for necessary diagnostic tests prior to neurology office visit.

b. If this is not the first time the patient has had a seizure, the nurse will inquire if the patient has a neurologist.

c. If the patient has a Christiana Care neurologist, an appointment will be scheduled if necessary. Otherwise the plan of care for an established patient will be continued.

d. If the patient has a non-Christiana Care neurologist, a letter or fax will be sent to the non-Christiana Care neurologist.

e. If the patient does not have a neurologist, an appointment will be scheduled with a neurologist within 2 weeks (or within 8 weeks if seen by an inpatient neurologist). The nurse will also coordinate appointments for necessary diagnostic tests prior to neurology office visit.
PATHWAY ALGORITHMS

ALGORITHM 1: PATIENT IDENTIFICATION - EMERGENCY DEPARTMENT

Did this ED patient have a seizure?  

Y  

DMV Form  

Status Epilepticus or seizure due to acute trauma, alcohol or substance abuse?  

Y  

Not pathway appropriate  

Consider contacting Neurology to determine plan of care  

N  

POC Glucose  
POC HCG if female  
CBC with Diff  
BMP  
EKG  
CT Head non-contrast RE Seizure  
Education  
CM/SW (if necessary)  

N  

1st time seizure?  

Y  

Antiepileptic medication levels  
Head CT if indicated  
Other labs as indicated  
Education  
CM/SW (if necessary)  

N  

Acute abnormality on evaluation and tests? (pregnant, immunocompromised)  

Y  

Not pathway appropriate  
Consider admission & Neuro consult  

N  

Return to baseline Mental Status?  

Y  

Not pathway appropriate  
Consider admission & Neuro consult  

N  

Non seizure related indication for admission?  

Y  

Consider contacting Neurology to determine plan of care  

N  

Disposition from ED  

Admission for seizure  
Discharge  

Last Update: 03.17.2017 10:10 EP
ALGORITHM 2: DISPOSITION FROM EMERGENCY DEPARTMENT AND OUTPATIENT NEUROLOGY

Disposition from ED → Discharge → Outpatient Neurology Follow Up

Outpatient office nurse will review list of pathway patients and determine patient needs. (appointment, MRI Brain, EEG and or blood work)

Nurse will contact patient by telephone

Does the patient have a neurologist?

Does the patient have a CCHS neurologist?

Nurse will send a letter/fax to non-CCHS neurologist

Is an appointment necessary?

Nurse will coordinate appointments for MRI Brain and EEG prior to neurology visit and as needed for patients with history of seizures.

Nurse will make an appointment within 2 weeks with epileptologist *8 weeks if seen by inpatient neurologist

Schedule appointment within 2 weeks for follow up. *8 weeks if seen by inpatient neurologist

Continue plan of care for established patient

Updated 03.17.2017 10:10 EP

Admission for Seizure

Inpatient Neurology Consult

Case Management and Social Work Consult if necessary

MRI Brain and EEG within 24 hours

Inpatient Neurology communicates follow up plan and completed tests with outpatient office

Discharge from Hospital

Outpatient Office Follow Up

Inpatient Neurology Communicates follow up plan and completed tests with outpatient office

Discharge from Hospital

Updated 03.17.2017 10:10 EP
HEALTH EQUITY CONSIDERATIONS

Insurance and Financial assistance

Patients who are uninsured or underinsured will have the opportunity to meet with a social worker/case manager in the ER. The case manager will assist patients with identifying pharmacies that offer discounts on prescriptions and connect patients with Christiana Care’s Health Guides.

Christiana Care’s Health Guides can assist patients with financial assistance applications, health insurance, Medicaid and connections to community resources. After being discharged from ER, patients can call 302-320-6586 or email healthguides@christianacare.org to receive this assistance.

Patients who are admitted to the hospital can also receive an inpatient social work/case management consultation. The social worker or case manager will assist patients in connecting to appropriate resources.

Financial assistance information can also be found on www.christianacare.org/financial-assistance-program in English, Spanish, Mandarin, and Cantonese.
INTERPRETER SERVICES

Patients who are non-English speakers will be provided with interpreter services for all aspects of care.

- Delaware Relay Services for the Deaf or hearing impaired. The customer service number is 1-800-676-3777 (TTY/Voice). Spanish 1- 800-676-4290 (TTY/Voz/ASCII). Sprint TTY Operator Service is 1-800-855-4000.

- Patients can be referred to AMO or Westside Health. Social workers are available at both offices for non-English speaking patients to assist with paperwork and community referrals.

- Patients living downstate can be referred to La Esperanza. This service is located in Georgetown Delaware. Their telephone number is 302-854-9262.

TRANSPORTATION

Patients with transportation issues may request assistance in getting to scheduled appointments.

- Patients with Medicaid are able to ride Logisticare for free. The number to call to schedule a pick up date and time is 1-866-412-3778. Patients must provide Medicaid ID number, date and time of appointment. Patients need to be instructed that they must call 3 full days in advance to schedule a ride, unless it is an emergency. Patients are required to be outside 15 minutes early for their scheduled pick up time.
PATIENT EDUCATION MATERIALS

• Seizure and Epilepsy Patient Education Handout
CLINICAL EDUCATION MATERIALS

- The following groups will receive customized education through various platforms:
  - ED Physicians
  - ED Nursing
  - ED Case Management/Social Work
  - Neurologists (inpatient and outpatient)

- Uncomplicated Seizure Checklist
REFERENCES


Evidence-based guideline: Management of an unprovoked first seizure in adults. Neurology April 21, 2015 vol. 84 no. 16 1705-1713


How do we evaluate, treat, and disposition new onset seizure patients? Andy Jagoda, Foundation for education and Research in Neurological Emergencies.
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THE CHRISTIANA CARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors value.