Dublin-Mid Leinster Regional Epilepsy Service
Department of Neurology, Hospital 5, Health Care Centre,
St James's Hospital, Dublin 8
TEL: 01 4284135
Fax: 4103414
Email: epilepsy@stjames.ie

Seizure pro forma for Homeless Patients:

Date:

Patient Name: **DOB:**

Name and Role of person completing the Performa:

Point of contact: Phone Number:

Reason for Referral:

Does the patient have an established diagnosis of epilepsy? YES NO

Does the patient have a history of substance abuse? YES NO

If yes, which?

If yes, how frequent and for how many years?

If yes, are all seizures related to substance abuse? YES NO

At what age started the seizures? AGE _____

How many seizures have you had in your life? Number:

Have there been any head injuries in the past? YES NO

Has the patient ever been investigated for seizures (CT Brain, MRI Brain, EEG)?

□ CT Brain □MRI Brain □EEG

If so, where and when?

If established diagnosis of epilepsy, what type? Generalized Focal

Is a warning experienced? YES NO
If yes, Description:

Description of typical seizure:

How frequent are the seizures? Daily Weekly Monthly Yearly

How frequent are gen. convulsions? Daily Weekly Monthly Yearly

Are there different seizure types? YES NO

If yes, which:

Seizure triggers identified?

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Is the patient on an antiepileptic medication?

If yes, which (Name and Dose)?

Any other medications:

If yes, are they being taken regularly? YES NO

If any indication of non-compliance or toxicity, please consider checking antiepileptic drug levels

Why are they not being taken regularly?

Consider blister pack or suspension through methadone clinic to improve compliance

Which Antiepileptic medications have been tried in the past and reason for stopping, if known?

Does the patient have mental health problems? YES NO

If yes, which?

Medical conditions:

What type of accommodation is the patient in?

Has the patient attended other hospitals with seizures? YES NO

If yes, which?

Impression:

Plan:

GP to discuss with epilepsy team if required (If urgent, text, if non-urgent email epilepsy@stjames.ie to book telephone follow up)

Six month plan :

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Please scan the following or attached to GP electronic record for ongoing care plan

Acute symptomatic seizure refers to a seizure that occurs at the time of a systemic insult. Such insults include metabolic derangements, drug or alcohol withdrawal, and acute neurologic disorders such as stroke, encephalitis, or acute head injury

Unprovoked seizure refers to a seizure of unknown aetiology as well as one that occurs in relation to a pre-existing brain lesion or progressive nervous system disorder. They carry a higher risk of future epilepsy compared with acute symptomatic seizures

Epilepsy is defined as when any of the following exist:
- At least two unprovoked seizures occurring more than 24 hours apart
- One unprovoked seizure and a probability of further seizures. This may be the case with remote structural lesions such as stroke, central nervous system infection, or certain types of traumatic brain injury.
- Diagnosis of an epilepsy syndrome

TYPES OF SEIZURES — Most seizures can be categorized as either focal or generalized according to whether the onset of electrical activity involves a focal region of the brain or both sides of the brain simultaneously. The clinical manifestations of seizures vary based on the location of the seizure in the brain and the amount of cortex that is involved. Focal seizures are further classified according to whether consciousness is altered or not during the event

Withdrawal seizures — Alcohol Withdrawal-associated seizures are generalized tonic-clonic convulsions that usually occur within 12 to 48 hours after the last alcoholic drink but reportedly sometimes occur after as few as two hours of abstinence. The seizures occur predominantly in patients with a long history of chronic alcoholism, as evidenced by their typical onset during the fourth and fifth decades of life.
The onset of benzodiazepine withdrawal can vary according to the half-life of the BZD involved. Symptoms may be delayed up to three weeks in BZDs with long half-lives but may appear as early as 24 to 48 hours after cessation of BZDs with short half-lives.

Common Antiepileptic medications:

Antiepileptic medication	Therapeutic dose	Titration Schedule	Indication	Common side-effects and important information
Levetiracetam	500 mg BD to 1500 mg BD	Start with 250mg daily, increase by 250 mg weekly	Generalised Focal	**Low-mood,** depression, irritability Safe in pregnancy
Lamotrigine	75 mg BD to 200 mg BD	Start with 25 mg daily, increase by 25 mg every two weeks	Generalised Focal	**Drug Rash**, Steven-Johnson-Syndrome, avoid in patients who don't monitor for skin rashes reliably Safe in pregnancy
Eslicarbazepine	800mg to 1600 mg nocte	Start with 400 mg daily, increase weekly by 400 mg	Focal	Can cause low sodium Enzyme inducer Only once daily Probably safe in pregnancy
Valproate Chrono	600 mg BD to 1200 mg B	Start with 300 mg BD, increase by 300 mg weekly	Generalised	**Not safe in women of childbearing age** Mood stabiliser Can be given once a day to improve compliance
Brivaracetam	50 mg BD to 100 mg BD	Start with 25 mg daily, increase by 25 mg weekly	Generalised Focal	Closely related to Levetiracetam, lees pronounced mood side effects, can be switched directly

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