

Children's Hospital Of Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

1st Time Seizure

Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/consider refer to Neurology Clinic:	What can referring provider send to Neurology Clinic?	Specialist's workup will likely include:
<p>Signs and symptoms Symptoms before seizures (preictal)</p> <ul style="list-style-type: none"> Precipitating events: illness, trauma, toxins, sleep deprivation Preceding aura: strange smell or taste, change in vision, tingling sensation Behavior/ mood before and after <p>Symptoms during seizure (ictal) Retention or loss of awareness during event</p> <ul style="list-style-type: none"> Cry, gasp, garbled or slurred speech Head and eye deviation, posturing, stiffening, rhythmic jerking 	<p>Diagnosis and Treatment</p> <ul style="list-style-type: none"> EEG: Regular. CHW schedulers will give pt/family instructions. Laboratory tests: routine lab testing is not recommended, consideration for lab tests should be based on individual clinical circumstances. May consider if indicated by clinical presentation: <ul style="list-style-type: none"> Basic serum studies- complete blood count, glucose, electrolytes, calcium, and magnesium Toxicology screen Basic metabolic evaluation if suspect a metabolic abnormality in a neonate with serum ammonia, serum lactate and pyruvate, serum amino acids, and urine organic acids. Lumbar puncture (LP) in patients with clinical concern for meningitis or encephalitis (< 6 mo. old, Kernig or Brudzinski sign) or altered mental status. 	<ul style="list-style-type: none"> Abnormal EEG Second unprovoked seizure Focal symptoms Abnormal neurological examination 	<p>1. Using Epic</p> <ul style="list-style-type: none"> Please complete the external referral order <p>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</p> <ul style="list-style-type: none"> Urgency of the referral What is the key question you would like answered? <p>Note: Our office will call to schedule the appointment with the patient.</p> <p>2. Not using Epic external referral order:</p> <ul style="list-style-type: none"> In order to help triage our patients maximize the visit time, please fax the above information to (414-607-5288) It would also be helpful to include: <ul style="list-style-type: none"> Chief complaint, onset, frequency Recent progress notes Labs and imaging results Other Diagnoses Office notes with medications tried/failed in the past and any lab work 	<ul style="list-style-type: none"> Labs Imaging EEG

Updated by: Dr. Hecox

Updated on: 1/18/18

<ul style="list-style-type: none"> • Automatisms: purposeless repetitive movements (lip smacking, picking at clothes) • Movements of whole body or focal • Change in breathing or cyanosis • Drooling, pupillary dilatation, incontinence <p>Symptoms after seizure (postictal)</p> <ul style="list-style-type: none"> • Lack of recall of event, confusion, lethargy • Nausea or vomiting • Headache • Muscle aches • Transient focal weakness (Todd's paralysis) 	<ul style="list-style-type: none"> • Neuroimaging: consider for certain clinical circumstances such as focal neurological symptoms on examination, significant cognitive or motor impairment of unknown etiology, or seizures with partial onset <ul style="list-style-type: none"> ○ MRI- preferred modality on non-urgent basis ○ CT for emergent imaging- postictal persistent focal deficit, patient not returning to baseline, history of trauma ○ EKG maybe needed in certain circumstances 		<p>that may have been obtained regarding this patient's problems.</p>	
<p><u>Causes</u></p> <ul style="list-style-type: none"> ○ Hypoglycemia ○ electrolyte disturbances ○ infection ○ trauma ○ toxic exposure ○ stroke ○ acquired or genetic cause associated with an anatomic or pathologic abnormality such as developmental malformation or neurocutaneous syndromes 				