Primary Care Advice and Guidance
First Seizures

Most suspected first seizures present to the emergency department. When presenting to primary care the patient will usually have recovered.

Taking a history is the most important step;

1. Obtain separate histories from the patient and any eyewitnesses when possible (*see box 1*).
2. Take a drug history – illicit and prescribed.
3. Vasovagal syncope is common *(see box 2*). The key features of vasovagal syncope are the situation, trigger, and an aura. Referral to neurology is not needed.
4. Consider cardiac syncope *(see box 3)*. Refer urgently to cardiology if suspected.
5. Consider functional dissociative seizures *(see box 4)*. Refer to neurology if suspected.

Box 1. Useful seizure markers:

- Convulsive movements of 30 seconds or more
- Cyanosis
- Biting of the side of the tongue
- Postictal myalgia
- Prolonged (longer than 10 minutes) confusion after the event
- Prolonged headache or sleepiness afterwards

Box 2. Vasovagal syncope:

- Remember the 3 Ps – Prodrome (dizzy, hot, nausea, visual symptoms, hearing fades), Posture (prolonged standing) and Provoking factors (e.g. pain or medical procedure)
- Urinary incontinence is common
- LOC is usually brief and recovery rapid
- Drug causes are common in the elderly
- Tip of tongue bite not uncommon

Box 3. Cardiac syncope:

- Collapse without warning or prodrome
- Associated palpitations, shortness of breath, or chest pain
- History of cardiovascular disease and risk factors
- Family history of sudden death
- Abnormal ECG
- Older patients

Box 4. Functional dissociative seizures:

- Prolonged events
- New onset of high frequency
- Waxing and waning of motor activity
- Asynchronous movements
- Retained awareness
- Variable, non-stereotyped episodes
- Tip of tongue bite not uncommon

For a single self-limiting event with full recovery:

1. Check ECG - if cardiac cause suspected and/or ECG abnormal, refer to cardiology.
2. Check routine bloods to include U&E, FBC, calcium, LFT and GGT, Glucose
3. Patient does not require admission. Refer to local first seizure clinic as per local health board pathway and proforma for further investigations and diagnosis.
4. Provide safety information Tonic-clonic seizure first aid - Epilepsy Action Safety advice for people with epilepsy - Epilepsy Action and driving advice. Assessing fitness to drive – a guide for medical professionals

Red flags for underlying intracranial pathology (*see box 5*)

1. Arrange emergency department attendance for assessment and further investigation
2. For status epilepticus call **999**

Box 5. Red flags for underlying pathology:

- Status epilepticus
- Recurrent seizures
- Fever/ meningism
- Focal signs/ papilloedema
- Recent head trauma
- Persistent confusion or headache

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