Audit on first paediatric assessment of children referred with suspected epilepsy before and during pandemic

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Diagnosing epilepsy can be complex, and prone to be misdiagnosed between 5–30% of the time. It is therefore important to have specialist review early in all cases of suspected epileptic seizures to facilitate subsequent care and management, as well as to reduce parental anxiety. However, Covid-19 pandemic has added extra challenge for healthcare providers to achieve and maintain this standard of practice.

The objectives are;

1) To audit health care for children with suspected epilepsy against NICE recommendation; NICE guideline recommends all children and young people presenting with a suspected epileptic seizure to be seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation.

2) To determine the effect of the pandemic on the number of referrals. 3) To look at the outcomes following first assessment for suspected epileptic seizures.


2) Retrospective case notes analysis following first paediatric assessment.

1) Number of referrals declined by more than 20% during pandemic, especially from general practitioners.

2) In 2019 cohort (pre-pandemic), 55% of the cases were seen within 14 days of referral compared to 42% in 2020 cohort (during pandemic).

3) More than half of the referrals were diagnosed as non epileptic events after specialist review. However, the outcome was better in 2020 cohort compared to the previous year.

1) The pandemic is likely to have contributed to the decline in number of referrals and resulted in more delays to clinic appointments due to limited clinic slots imposed by the pandemic restrictions.

2) Local measures to enhance referral pathway to ensure suspected epileptic seizure cases to be seen or assessed within 14 days as per guideline:
   - Clear signpost to secretaries for clinic allocations.
   - Creating a group email for epilepsy team as one of the pathways for referral. This will make correspondence easier for both ends and aids in filtering process as well as expediting clinic appointment.
   - Encourage a phone triage in cases where the diagnosis of epileptic event isn’t obvious.

3) Liaise with IT department to add a few prompts for filtering and checklists before providing the option of ‘first seizure clinic’ when electronic referral is made. This is meant to facilitate in obtaining relevant information, referral checklists prior to appointment and to ensure referrals are allocated to the right clinic.

3) This audit can be used as a feedback tool for the local healthcare providers both in term of referral outcomes and raising awareness on first seizure referral.