

**Adult First Seizure Assessment - Audit Proforma**

v1.0 - July 2011

**1 - Referral Information**

<b>Audit ID</b>	
<b>Hospital</b>	
<b>Assessing Secondary Care Service</b>	epilepsy clinic neurology learning disabilities general medical elderly care
<b>Patient Name</b>	
<b>Age</b>	
<b>Hospital Number</b>	
<b>Referred by?</b>	GP / A&E / General Medicine / Other
<b>If other, please state</b>	
<b>Date of referral</b>	

**2 – Specialist Assessment Information**

<b>Was the patient seen by a specialist in the epilepsies?*</b>	YES / NO
<b>What date were they seen by this person?</b>	
<b>Time from referral to being seen? [weeks]</b>	
<b>Was the diagnosis documented as epilepsy?</b>	YES / NO
<b>If no, what was the diagnosis documented as?</b>	
<b>Was the patient offered contact with an epilepsy specialist nurse* at the first assessment? [answer only if patient diagnosed with epilepsy]</b>	YES / DON'T KNOW
<b>If yes, did this occur within 30 days of the first assessment? [answer only if patient diagnosed with epilepsy]</b>	YES / NO DON'T KNOW
<b>Time from first assessment to nurse contact [weeks]</b>	
<b>Was this a telephone or a clinic appointment? [answer only if patient diagnosed with epilepsy]</b>	TELEPHONE / CLINIC

**3 - Assessment Quality & Investigations**

<b>Was there an alteration in the patient's awareness during their 'event' (affecting recall)?</b>	YES / NO DON'T KNOW
<b>If yes (or don't know), was a witness account of the paroxysmal events in question sought and/or recorded?*</b> [N/A = there was no witness]	YES / NO N/A
<b>Was an attempt at seizure classification documented at diagnosis?*</b> [answer only if patient diagnosed with epilepsy]	YES / NO
<b>Was an attempt at syndrome category classification documented at diagnosis?*</b> [answer only if patient diagnosed with epilepsy]	YES / NO
<b>Was the patient referred for an EEG?</b>	YES / NO
<b>Was this clearly inappropriate?*</b>	YES / NO
<b>If so, why?</b>	
<b>Did the patient meet indications for 'epilepsy' neuroimaging?*</b>	YES / NO
<b>If so, did they have appropriate neuroimaging?</b>	YES / NO
<b>If so, did this occur within 4 weeks of being requested?</b>	YES / NO
<b>How many weeks did it take?</b>	
<b>Did the patient lose consciousness (i.e. collapse) or have convulsions during their event(s)?</b>	YES / NO DON'T KNOW
<b>If yes (or don't know), was a current ECG result documented at (or by) their initial assessment?*</b>	YES / NO
<b>If yes (or don't know), was a current* 12-lead ECG filed in their medical notes?</b>	YES / NO

**4 - Patient Information & Counselling**

<b>Does the patient drive?</b>	YES / NO NOT DOCUMENTED
<b>Was appropriate driving advice given and documented?</b>	YES / NO
<b>Was there documented evidence of a discussion on the potential risks of future seizures, and related safety issues?*</b>	YES / NO
<b>Was there evidence of the clinic letter being copied to the patient?</b>	YES / NO

**5 - Notes**

\*see guidance notes for further information