

Please note that clinical key documents are not designed to be printed, but to be viewed on-line. This is to ensure that the correct and most up to date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours

**Referral pathways for “Fits, Faints and Funny Turns”
in Children & Young People <17 years of age**

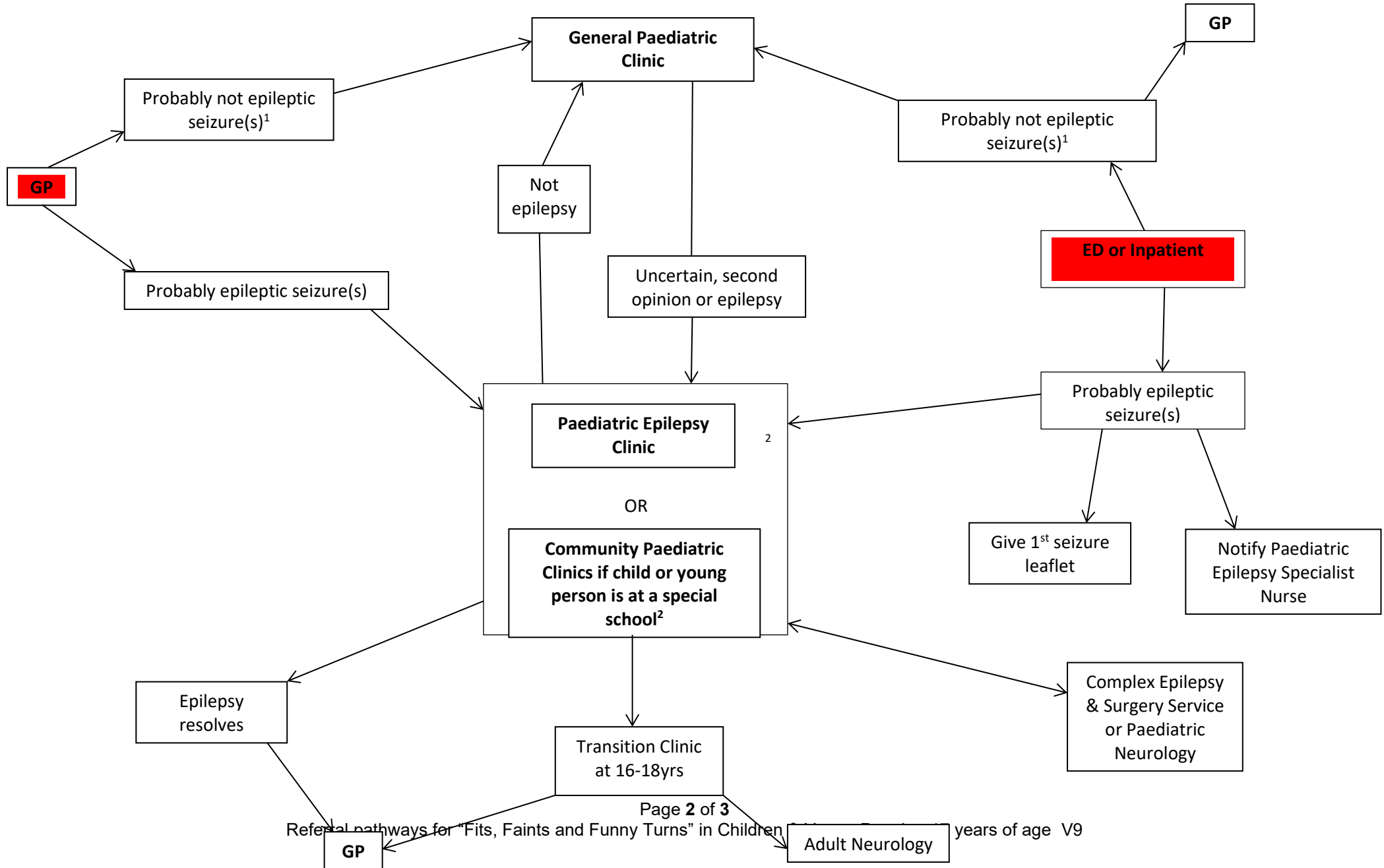
Key Document code:	WAHT-TP- 052	
Key Documents Owner:	Dr Gallagher	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	20 th May 2026	
Date of review: This is the most current version and should be used until a revised document is in place	20 th May 2029	

Key Amendments

Date	Amendment	Approved by
26th March 2021	Approved with no amendments	Paediatric QIM
9 th February 2024	Reapproved with no amendments	Paediatric QIM
20 th May 2026	Reapproved with amendments	Paediatric QIM

Referral pathways for "Fits, Faints and Funny Turns"
in Children & Young People <17 years of age

START IN RED BOX
 & SEE NOTES OVERLEAF



Notes:

- A. All children and young people who have non-febrile convulsive seizures should have a careful cardiac history, examination and ECG to detect occult cardiac disorders.
 - B. Epilepsy is a clinical diagnosis supported by test results (EEG, MRI & Genetics). A careful history of events is paramount. Ask parents to record video if possible.
 - C. EEG can be normal in patients with epilepsy even during seizures (although this is rare) and epileptiform abnormalities on EEG, including EEG photosensitivity, are common in non-epileptic children, especially where there is a family history of epilepsy or a neurodevelopmental disorder.
 - D. Buccal Midazolam should only be considered for children with prolonged (>5minutes) or serial seizures.
 - E. Febrile seizures are common in children 6 months – 5 years with fever >38.5°C, usually the child is 1-3 years of age. Fever can also be a consequence of epileptic seizures especially if prolonged.
1. Common non-epileptic paroxysmal disorders are syncope, breath holding, daydreaming, psychogenic seizures, stereotypies, tics, panic attacks and migraine.
Rare but life threatening non-epileptic disorders that must be considered are long QT syndrome and other arrhythmogenic disorders, cardiomyopathy, fabricated and induced illness, hypoglycaemia (blood glucose <2.6mmol).
 2. Children attending one of the following special schools will usually be managed by the Community Paediatricians and not attend hospital-based Epilepsy Clinics. **Wyre Forest , Rigby Hall, Pitcher Oak, Chadsgrove, Regency High, Fort Royal, Vale of Evesham**. All other children whether at private schools, preschool, home schooled etc will be seen by Acute Paediatric Epilepsy service.

Acute Paediatric Epilepsy Service : wah-tr.epilepsy@nhs.net

Community Paediatrics whcnhs.access.commpaeds@nhs.net

Special school nursing service whcnhs.ssn@nhs.net