

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**

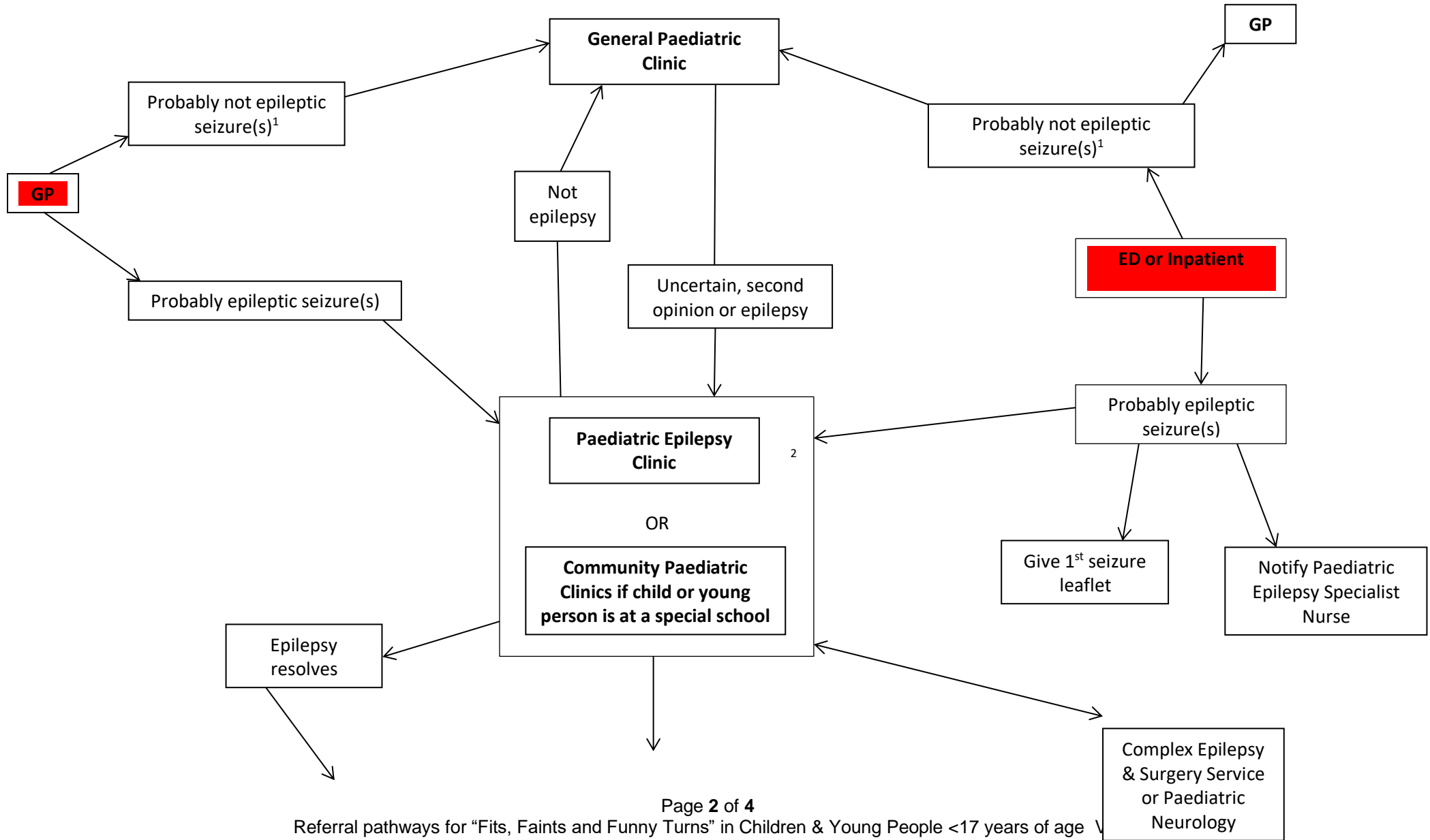
<b>Key Document code:</b>	WAHT-TP- 052	
<b>Key Documents Owner:</b>	Dr Gallagher	Consultant Paediatrician
<b>Approved by:</b>	Paediatric Quality Improvement meeting	
<b>Date of Approval:</b>	9 <sup>th</sup> February 2021	
<b>Date of review:</b> This is the most current version and should be used until a revised document is in place	9 <sup>th</sup> February 2024	

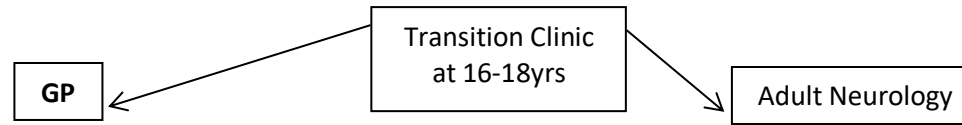
**Key Amendments**

<b>Date</b>	<b>Amendment</b>	<b>Approved by</b>
26th March 2021	Approved with no amendments	Paediatric QIM
9 <sup>th</sup> February 2024	Reapproved with no amendments	Paediatric QIM

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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.
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- 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 special schools will usually be managed by the Community Paediatricians and not attend hospital based Epilepsy Clinics.

