

# FIRST SEIZURE - NOW WHAT?

**TABLE 1**

**SEIZURE MIMICS**

Description	Epileptic	Non epileptic
"fit/faint/ convulsion"	Generalised tonic clonic/tonic/clonic seizures	Cardiac syncope Vasovagal Breath-holding Reflex anoxic Psychogenic
"staring spells"	Absences Focal seizures	Day dreaming Self-gratification
"funny movements"	Myoclonic jerks Focal motor seizures Epileptic spasms	Tics Shuddering attacks Paradoxical dyskinesia
"attacks during sleep"	Multiple different epileptic seizures	Benign neonatal myoclonus Night terrors

**TABLE 2**

**ACUTE SYMPTOMATIC SX**

Clinical feature	Further work up & management
Infant Suspected biochemical abn eg AGE	Electrolytes, Ca, Mg, Ph Correct accordingly if necessary
Focal neurology Traumatic head injury/possible NAI	Urgent neuroimaging Mx raised ICP if present
Encephalopathy	D/w paediatric neurology team
Fever Suspected intracranial infection	Septic screen incl LP if no CI IV antimicrobials
Accidental ingestion/poisoning	Consult Afritox/toxicology database D/w toxicologist
Hypoglycaemic	2ml/kg 10% dextrose Further endocrine w/up if indicated
Hypertension	Rx hpt as per local protocol Discuss with renal team