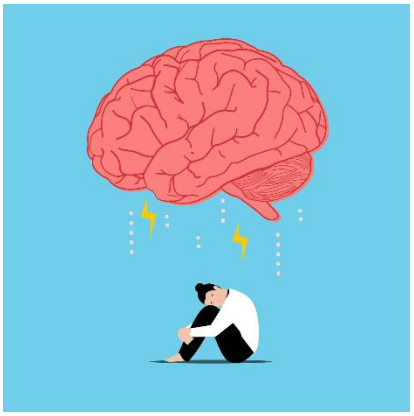
3 A's of Breakthrough Seizure



How to manage a breakthrough seizure in a patient with established epilepsy:

A – Aggravating Factors

Look for any infection, alcohol, metabolic disturbance, stress / sleep, medication changes or acute neurological or systemic insult etc. Do not default straight to CT head if there are no acute indications (i.e. no HI, focal neurology, neurological signs etc).

A – Anti-seizure Medication

Check for compliance, time since last escalation and any drug interactions. Refer to the local anti-seizure medication escalation guidelines (instead of default Neurology referral)

A – Appropriate Referral

Many uncomplicated breakthrough seizures can be managed without Neurology referral by following local guidelines. Consider referral when seizures are refractory, status (prolonged), atypical or associated with acute or diagnostic uncertainty.

A breakthrough seizure in a patient with established epilepsy does not automatically require Neurology referral. Identify reversible precipitants, check compliance & current therapy and use local escalation guidelines before seeking input where appropriate.