



Witnessed seizure activity, now ceased, requiring ongoing observation	
EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • GCS < 13 • Suspected sepsis • Toxicological seizure • Persistent focal neurological signs • Three or more witnessed seizures in last 24 hours • Pregnancy • Malignancy 	<ul style="list-style-type: none"> • Age > 60 years with first seizure

KEY CONSIDERATIONS DURING SSU ADMISSION
<ul style="list-style-type: none"> • Reversible causes sought and treated e.g. <ul style="list-style-type: none"> ○ Infective (FBE / FWT) ○ Traumatic (CTB) ○ Metabolic (BSL) / electrolyte (EUC/CPM) ○ Toxic (look for toxidromes, alcohol level) ○ Medication compliance – drug load as needed ○ CTB if first seizure ○ Re-establish oral hydration and mobility

REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • GCS < 15 • Further seizures • Persisting neurological deficit <p>Discuss with neurology any significant departures from patient's usual seizure pattern</p>	<ul style="list-style-type: none"> • Stable vital signs • Tolerating oral intake • GCS 15 • Baseline function, mentation and mobility • Seizure free > 4hrs • Adequate social support

DISCHARGE REQUIREMENTS
<ul style="list-style-type: none"> • Follow up plan; <ul style="list-style-type: none"> ○ First seizure clinic (via BOSSNet) with outpatient MRI-B and EEG ○ If known epileptic – back to usual Neurology service/follow-up ○ LMO for prn follow-up and to check antiepileptic levels • Patient education, specifically – no driving / diving / operating heavy machinery/ risky recreational activities until review • Medical certificate • Discharge prescription and confirm antiepileptics