

Children’s Wisconsin

Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

1 st Time Seizure				
Diagnosis/symptom	Referring provider’s initial evaluation and management:	When to initiate referral/ consider refer to Neurology Clinic:	What can referring provider send to Neurology Clinic?	Specialist’s workup will likely include:
<p><u>Signs and symptoms</u></p> <p>Symptoms before seizures (preictal)</p> <ul style="list-style-type: none">• Precipitating events: illness, trauma, toxins, sleep deprivation• Preceding aura: strange smell or taste, change in vision, epigastric sensation• Behavior/ mood before and after <p><u>Symptoms during seizure (ictal)</u></p> <p>Retention or loss of awareness during event</p> <ul style="list-style-type: none">• Cry, gasp, garbled or slurred speech• Head and eye deviation, posturing, stiffening, rhythmic jerking• Automatisms: purposeless repetitive movements (lip smacking, picking at clothes)• Movements or whole body or focal• Change in breathing or cyanosis	<p><u>Diagnosis and Treatment</u></p> <ul style="list-style-type: none">• EEG: Regular. CHW schedulers will give pt/family instructions.• Laboratory tests: routine lab testing is not recommended, consideration for lab tests should be based on individual clinical circumstances.• Neuroimaging: consider for certain clinical circumstances such as focal neurological symptoms on examination, significant cognitive or motor impairment of unknown etiology, or seizures with partial onset<ul style="list-style-type: none">○ MRI- preferred modality on non-urgent basis○ CT only for emergent imaging when cannot obtain or wait for MRI ie postictal persistent focal deficit, patient not	<ul style="list-style-type: none">• Any first seizure outside of simple febrile seizure• 3 or more simple febrile seizures• Abnormal EEG	<p>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</p> <ul style="list-style-type: none">• Urgency of the referral• What is the key question you would like answered? <p>Internal Provider using Epic: Place Ambulatory Referral to Neurology</p> <p>External Provider using Epic: Please complete the external referral order to CHW NEUROLOGY CLINICS</p> <p>- or -</p> <p>Fax to Central Scheduling (414) 607-5288</p> <p>- or -</p> <p>Online ambulatory referral form</p> <ul style="list-style-type: none">• It would also be helpful to include:	<ul style="list-style-type: none">• EEG• Imaging• Potentially labs



<ul style="list-style-type: none">• Drooling, pupillary dilatation, incontinence Symptoms after seizure (postictal) <ul style="list-style-type: none">• Lack of recall of event, confusion, lethargy• Nausea or vomiting• Headache• Muscle aches• Transient focal weakness (Todd’s paralysis)	returning to baseline, history of trauma		<ul style="list-style-type: none">• Chief complaint, onset, frequency• Recent office, ED, inpatient notes related to seizure• Imaging results• Labs or other diagnostics	
Causes <ul style="list-style-type: none">○ Hypoglycemia○ electrolyte disturbances infection○ trauma○ toxic exposure○ stroke○ acquired or genetic cause associated with an anatomic or pathologic abnormality such as developmental malformation or neurocutaneous syndrome				
References				

*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

Medical Disclaimer

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