**Paroxysmal event (episode of loss of consciousness, blank staring or other brief unusual behaviour)**

**History – key to making diagnosis**
- Detailed description of event –
  - Before (trigger? concurrent illness?, behaviour change?, cessation in activity?)
  - During (collapse? colour change?, altered consciousness?, body stiff or floppy?, limb movements?)
  - After (sleepy?, unusual behaviour?, unsteady?, limb weakness?)
  - Can child be distracted at any point?
  - Does the event occur during exercise?

**Developmental history**
- Family history of similar events
- Assess for red flags below

**Red Flags**
- Age <1 year
- Acute confusion
- Pervasive behaviour change/lethargy
- New onset, recurrent convulsive seizures (>1 per week)
- Abnormal cardiac examination or ECG findings
- Abnormal neurological examination findings
- Symptoms of raised intracranial pressure (blurred/ double vision, headache at night or on waking, persistent nausea/vomiting)
- Signs of sepsis/meningitis

**Examination**
- Neurological examination including gait (observe for any asymmetry, observe eye movements, look for a new squint)
- Cardiac examination including blood pressure (especially if event associated with exercise/colour change)

**Investigations**
- Ask parents to video events and keep detailed, descriptive diary (day, time, event -before, during & after)
- ECG (especially if the episode caused collapse, colour change or during exercise)

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**Red flags present?**

Yes

**Urgent referral**
- Urgent, same day referral by phone to local Paediatric team.

No

**Diagnostic uncertainty or possible new epilepsy diagnosis?**

Yes

**Non urgent referral**
- Refer on for routine paediatric opinion via local paediatric referral pathway ensuring appropriate safety net/first aid advice given
- Ask parents to video event and keep detailed diary as above

No

**No referral required**

The following are examples of benign paroxysmal episodes that do not require a referral to paediatrics if the diagnosis is secure.

- Breath holding attacks
- Simple faint
- Reflex anoxic seizures (document a normal ECG)
- Sleep myoclonus
- Night terrors

Manage locally with appropriate advice sheet, safety net advice

**Useful Links:**
- ILAE: https://www.epilepsydiagnosis.org/epilepsy-imitators.html
- STARS: http://www.heartrhythmalliance.org/stars/uk/