Pediatric Neurology

DIAGNOSIS	EVALUATION PRIOR TO REFERRAL	WHEN TO REFER	WHAT TO SEND
FIRST TIME AFEBRILE SEIZURE	• An awake and asleep/video EEG at least one week after a first unprovoked afebrile seizure. Prefer EEG obtained at USC Pediatric Neurology office lab MedPark 9 Call 803 434-7961 • An MRI scan if EEG shows a focal abnormality. (CT scans are not the study of choice for evaluating seizure foci)	•After first unprovoked afebrile seizure at discretion of referring provider	•Send all relevant medical records, ER reports and copies of the official reports of ancillary studies and the films of all brain imaging studies. • A home videotape of seizure or spell is helpful. • Brief history of event prepared by parents • Any reports of prior EEG studies
FEBRILE SEIZURES	•Infants and toddlers less than 2 years of age with a first simple (benign) febrile seizure do not require brain imaging, EEG, or neurological consultation. • Diastat can be discussed and offered especially if seizure resulted in ER or hospital admission.	•Children greater than 2 years of age with a first simple (benign) febrile seizure may benefit from consultation on a case by case basis. • Children with multiple recurrences of simple febrile seizures may benefit from consultation on a case-by-case basis. • Consultation may be considered for children with atypical (complex) febrile seizures (defined as a febrile seizure lasting greater than 15 minutes, or a febrile seizure with partial onset or focal features during or after the seizure, or recurrent)	•Brain imaging and EEG should be deferred unless recommended by the neurologist. CT scans are rarely if ever helpful for febrile seizure evaluations. • Copies of the official reports of the studies, if obtained, sent with all relevant medical records. If brain-imaging studies were interpreted as abnormal, please send films

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HEADACHE	•prescribe prn medication (ibuprofen with or without metoclopramide) to be used sparingly for migraine episodes with nausea or vomiting • prescribe preventive medication(cyproheptadine, propranolol, or gabapentin)for frequent episodes of headache •encourage lifestyle changes (e.g. limit caffeine, ensure adequate sleep, do not overuse NSAIDS, • refer to psychiatry or psychology for substantial psychosocial stressors, depression • order CT of the brain emergently for headaches associated with focal weakness, cranial nerve signs, or mental status changes (prefer MRI if able to be done promptly, otherwise to follow CT)	•headaches associated with focal weakness, cranial nerve signs, or mental status changes (consider admission and inpatient neurology consultation) • headaches unresponsive to abortive or preventive therapy	•Send all relevant medical records, ER reports and copies of the official reports of ancillary studies and the films of all brain imaging studies. • Brief history of event prepared by parents
HYPOTONIA	•examine for muscular atrophy, dysmorphic features • order blood CPK if atrophy or fasciculations are present. • order blood karyotype (especially if dysmorphic) • refer to genetics if dysmorphic • order MRI brain with + without contrast if globally delayed • refer for physical +occupational therapy	•when regression, abnormal MRI brain, substantially elevated CPK or abnormal karyotype present	•Send all relevant medical records, copies of the official reports of blood and brain imaging studies.