

NEUROLOGY CONSULTATIONS IN ED

POLICY®

Neurology Consultations

There is always a neurology consultant available to discuss patients whom you would like to refer to neurology or in whom you are not sure whether an inpatient or outpatient neurology assessment is appropriate. Most calls are triaged by our registrar or fellow during normal hours. After hours calls will be fielded either directly by the consultant on call or by a neurology fellow.

Neurology consultations are detailed and time consuming and in general require a 30-60 minute registrar assessment followed by a 20-40 minute consultant assessment. As it can be very difficult to perform a neurological assessment on young children and babies, it is frequently necessary for the neurology team to make multiple visits to form a clinical judgment. Sometimes we require imaging and other neurophysiologic or metabolic investigations to assist us in this process and our assessment may not be regarded as complete until the results of these investigations are available.

Requests for consultation will only be taken from the emergency department after discussion with a senior registrar or emergency fellow or consultant and after the matter has been discussed with the AMO for inpatient referrals. Direct referrals from residents in the emergency department will not be accepted.

All neurology outpatient assessments in the neurology clinic are referred either by general paediatricians or other hospital specialists i.e. this is a tertiary level referral. Direct referrals from Emergency or general practitioners are not accepted. These general principles apply to both emergency department and inpatient referrals.

When there is uncertainty about the appropriateness of admission under neurology or general paediatrics, the patient should be provisionally admitted under general paediatrics and a neurology consult arranged.

There are special clinical circumstances in which neurology consultants feel that there should be consideration given to the child being admitted directly under neurology. Note for suspected stroke call the consultant neurologist directly.- see "code stroke" (draft policy june 2020) These clinical situations include:

- Acute onset of multiple afebrile seizures in children less than 12 months.
- Acute presentation of unusual seizure types in children e.g. epilepsy partialis continua (continuous focal seizures), drop attacks, myoclonic seizures.
- Acute onset of movement disorders e.g. chorea, dystonia
- Acute onset of weakness, generalized or focal.
- Acute development of a focal neurological sign e.g. cranial nerve palsy (other than a Bell's palsy), ataxia, hemiparesis
- Acute onset of confusion/encephalopathy in which there is no indication of the underlying cause e.g. toxins or infection

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Team Leader:	Head of Department	Area/Dept: Emergency Department CHW

The following clinical situations may be best managed by the general paediatrician in the first instance:

- Generalized seizures in children over 12 months or febrile seizures;
- Headache is not in itself an indication for a neurology consultation. The emergency staff must exclude serious causes of headache e.g. space occupying lesion, infection, raised intracranial pressure, by a combination of history, examination (including fundoscopy and BP measurement) and imaging when appropriate.

General seizure advice:

If patients present with an increase in seizure frequency it is important to consider if

1. This is part of the patient's pattern
2. If there is an intercurrent infection
3. If the anticonvulsant levels are sub-therapeutic.

Levels can be performed acutely on most anticonvulsants but for the following drugs levels are either not performed or not available urgently

- Keppra
- Clobazam
- Lamictal
- Topiramate
- Sulthiame

If seen in emergency after hours, previous patients of the neurology staff can contact the neurology department after 9am on weekdays for a follow up appointment.

Patients suitable for outpatient follow up who are not already patients of the neurology team should be referred to a general paediatrician.

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