PACK Global

Template for localisation

2015

ADULT
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Seizures/fits

Give urgent attention to the patient who is unconscious and fitting:
- Place in left lateral lying (recovery) position. Do not place anything in the mouth.
- Give 100% facemask oxygen.
- Give sodium chloride 0.9% IV (30 drops per minute).
- Check glucose. If < 4mmol/L or unable to measure, give 50mL of 50% glucose IV over 1 – 3 minutes. Repeat if glucose < 4mmol/L after 15 minutes. Continue 5% glucose in sodium chloride 0.9% IV.
- If ≥ 20 weeks pregnant up to 1 week postpartum → 97 for treatment of fit.
- If < 20 weeks pregnant or not pregnant, give lorazepam 4mg IV/IM stat or diazepam 10-20mg rectally as a single dose. Repeat after 10 minutes if fit continues.
- Give phenytoin 20mg/kg IV (through different line to lorazepam) over 60 minutes.
- If fits continue repeat phenytoin 10mg/kg IV (through different line to lorazepam) over 30 minutes.
- Refer urgently to hospital.

Approach to patient who is not fitting now
Confirm that patient indeed had a fit: jerking movements of part or the whole body, with/without tongue biting, incontinence, post-fit drowsiness and confusion.

Approach to patient who had a fit but does not need same day referral

Is patient known with epilepsy?

Yes

No

Previous meningitis, stroke or head trauma?

Yes

No

Chance of recurrent fit is 50%, even 2 years after the event.

At least 2 convulsive fits with no identifiable cause on 2 different days in the last year.

A doctor should confirm the diagnosis of epilepsy.

Give routine epilepsy care → 90.

If no doctor available, nurse to get telephonic prescription from doctor. IV phenytoin may cause heart dysrythmia. do not exceed infusion rate of 50mg/minute and monitor ECG and BP.

Episode/s of weakness or disturbance of speech for < 24 hours?

Yes

No

Stroke or transient ischaemic attack likely → 80.

Collapse with twitching < 15 seconds following light-headedness or prolonged standing with rapid recovery?

Yes

No

Simple faint likely → 9.

Refer for specialist assessment if diagnosis uncertain.
Epilepsy: routine care

- If the patient is fitting → 4 to control the fit. If the patient is not known with epilepsy and has had a fit → 4 to assess and manage further.
- Epilepsy is a doctor diagnosis in the patient who has had at least 2 definite fits with no identifiable cause or 1 fit following meningitis, stroke or head trauma.

Assess the patient with epilepsy

<table>
<thead>
<tr>
<th>Assess</th>
<th>When to assess</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>Every visit</td>
<td>Manage symptoms as on symptom page.</td>
</tr>
<tr>
<td>Fit frequency</td>
<td>Every visit</td>
<td>Review fit diary. Assess if fits prevent patient from leading a normal lifestyle.</td>
</tr>
<tr>
<td>Adherence</td>
<td>Every visit, if fits occur</td>
<td>Assess attendance, pill counts and if still fitting on treatment, drug level (doctor decision).</td>
</tr>
<tr>
<td>Side effects</td>
<td>Discuss at diagnosis, every visit</td>
<td>Side effects often explain poor adherence. Patient may need to weigh side effects with fit control.</td>
</tr>
<tr>
<td>Other medication</td>
<td>If fits occur</td>
<td>Check if patient has started other medication like TB treatment, ART or contraceptive. See below.</td>
</tr>
<tr>
<td>Risky alcohol/drug use</td>
<td>At diagnosis, if fits occurs or adherence poor</td>
<td>If ≥ 1 of: drinks alcohol every day, &gt; 14 drinks/week, ≥ 5 drinks per session, loses control when drinking, uses illegal or misuses prescription drugs.</td>
</tr>
<tr>
<td>Pregnancy status/</td>
<td>Every visit</td>
<td>• Refer if patient is pregnant or planning to be for epilepsy and antenatal care.</td>
</tr>
<tr>
<td>family planning</td>
<td></td>
<td>• Assess contraceptive needs: avoid oral contraceptive and subdermal implant on carbamazepine or phenytoin.</td>
</tr>
<tr>
<td>Drug level</td>
<td>Only if needed</td>
<td>Doctor to check drug level if unsure about adherence or on higher than maximum dose of phenytoin.</td>
</tr>
</tbody>
</table>

Advise the patient with epilepsy

- Educate about epilepsy and need for adherence to treatment. Advise patient to keep a fit diary to record frequency of fits.
- Refer for social support if necessary and help patient to get a medical bracelet. 106
- Advise avoiding sleep deprivation, alcohol and drug use, dehydration and flashing lights. These may trigger a fit.
- Avoid dangers like height, fires, swimming alone, cycling on busy roads, operating machinery. Avoid driving until fit free for 1 year.
- Advise patient there are many medications that interfere with anti-convulsant treatment (see below) and to discuss with doctor when starting any new medication.
- Advise patient to seek advice if planning a pregnancy and to use reliable contraception.

Treat the patient with epilepsy

- A single drug is best. Giving 2 anti-convulsant medications together is a specialist decision.
- If still fitting on treatment increase dose as in table every 2 weeks only if patient is adherent and there is no substance abuse.
- If still fitting after 4 weeks on maximum dose or side effects intolerable, add new medication and increase 2 weekly until fit free. Then taper off old drug over 1 month.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Start</th>
<th>Maintenance dose</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenytoin</td>
<td>150mg daily</td>
<td>200-400mg daily or in 2 divided doses</td>
<td>Avoid in pregnancy and breastfeeding. Side effects: coarse facial features (avoid in women if possible), skin rash, drowsiness, unsteadiness, slurred speech. Drug interactions: isoniazid, rifampicin, warfarin, furosemide, fluoxetine, fluconazole, theophylline, folic acid, other anti-convulsants, oral or subdermal contraceptives, ART.</td>
</tr>
<tr>
<td>Carbamazepine</td>
<td>100mg daily</td>
<td>400-1400mg daily in 2 or 3 divided doses</td>
<td>Side effects: skin rash, blurred/double vision, unsteadiness, nausea. Drug interactions: isoniazid, rifampicin, warfarin, furosemide, fluoxetine, fluconazole, theophylline, folic acid, other anti-convulsants, oral or subdermal contraceptives, ART.</td>
</tr>
<tr>
<td>Sodium valproate</td>
<td>200mg twice a day</td>
<td>400-2000mg daily or in 2 divided doses</td>
<td>Avoid in pregnancy and in women of childbearing age unless reliable contraception. Use in HIV patient on or needing ART: if fit-free on anti-convulsant medication, discuss with specialist. Side effects: drowsiness, weight gain, transient hair loss. Drug interactions: AZT, warfarin, aspirin.</td>
</tr>
</tbody>
</table>

- If fit free review 3 monthly. Doctor should review monthly the patient who is fitting until fit frequency improves. Refer if still fitting after maximum doses of 2 drugs for 4 weeks each.
- If no fits for 2 years: doctor to discuss stopping treatment with patient. Gradually withdraw 1 drug at a time over 2 months.

1 One drink is 1 tot of spirits, or 1 small glass (125ml) of wine or 1 can/bottle (330ml) of beer.
Pack Global: Adult

This PACK Global: Adult is a clinical practice tool designed for use in AREA FOR IMPLEMENTATION public sector primary care consultations with adults. It uses a symptom-based approach to the patient’s problem and a standardised integrated approach to the routine care of the patient with one or more chronic conditions, covering 40 symptoms and 20 chronic conditions including HIV, TB, cardiovascular risk and disease, mental health, chronic respiratory diseases, epilepsy, contraception, pregnancy and postnatal care and musculoskeletal disorders.

PACK Global: Adult complies with and integrates AREA FOR IMPLEMENTATION policies including recent updates for TB, HIV, diabetes and contraception. Prescribing provisions are displayed clearly for each drug, its dose and indication to capacitate staff to manage patients with common chronic conditions.

The development and revision of the guideline was a collaborative process with substantial input from managers, clinicians and academics, as well as feedback from end-users of previous editions (see Acknowledgements inside front cover). A more thorough explanation of the development process and role of contributors can be found at www.knowledgetranslation.co.za.

This PACK Global: Adult was compiled by the Knowledge Translation Unit, University of Cape Town Lung Institute. The Knowledge Translation Unit declares it has no competing interests in pharmaceutical companies or other corporations whose products or services are related to the guideline topics.

This PACK Global: Adult forms part of a pack of clinical tools for use in primary care that includes a Community Care Worker guide to assist CCWs to provide support to the patient with a chronic condition and Patient Information Leaflets designed to reinforce treatment adherence and care-seeking messages for the patient with a chronic condition. These clinical tools are supported by PACK CCW and adult guideline Training Manuals and an Implementation Toolkit to ensure the programme is embedded in the health system.