

S15r0 Epilepsy in Children With Sickle Cell

Ad Hoc Event ID _____

Visit Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Family history of epilepsy: Yes - If Yes, specify which family members are affected in 1A-1D
 No
 Unknown

1A. Sibling Yes
 No

1B. Parent Yes
 No

1C. Grandparent Yes
 No

1D. Other Yes
 No

1D-1. If Other, specify: _____

2A. Age of patient's first seizure - (xx years): _____

2B. Age of patient's first seizure - (xx months): _____

2C. Do you know the date of patient's first seizure? Yes
 No

2C-1. If Yes, specify date (yyyy/mm/dd): _____

3A. Age of patient's most recent seizure - (xx years): _____

3B. Age of patient's most recent seizure - (xx months): _____

3C. Do you know the date of patient's most recent seizure? Yes
 No

3C-1. If Yes, specify date (yyyy/mm/dd): _____

4. Any patient history of Status Epilepticus (SE)? Yes
 No
 Unknown

4A. Specify timing - age (xx years): _____

4B. Specify timing - age (xx months): _____

4C. Do you know the date of Status Epilepticus (SE)? Yes
 No

4C-1. If Yes, specify date (yyyy/mm/dd): _____

4D. Has there been more than one episode? Yes
 No
 Unknown

4D-1. How many? (xx) _____

5. Details of Status Epilepticus: Describe details of first episode of SE

5A. Type of SE: Generalized convulsive
 Focal convulsive
 Nonconvulsive
 Unknown

5B. Duration of SE: < 30 minutes
 30-60 minutes
 > 60 minutes
 Unknown

Provoking factor (answer each of 5C-1 through 5C-8)

5C-1. Fever: Yes
 No

5C-2. CNS infection: Yes
 No

5C-3. Head injury: Yes
 No

5C-4. Brain hemorrhage or ischemia: Yes
 No

5C-5. Exacerbation of known epilepsy: Yes
 No

5C-6. Non-compliance or change in anticonvulsant meds: Yes
 No

5C-7. Unknown: Yes
 No

5C-8. Other: Yes
 No

5C-8a. If Other, specify: _____

5D. Recovery: Back to baseline on discharge
 New neurologic deficit on discharge
 Unknown

6. Was seizure onset associated with cerebral ischemic injury? If No or Unknown, skip to Item 8. Yes
 No
 Unknown

6A. If Yes to #6, specify age: years (xx): _____

6B. If Yes to #6, specify age: months (xx): _____

6C. If Yes to #6, do you know the date? Yes
 No

6C-1. If Yes to #6C, enter date (yyyy/mm/dd): _____

7. Nature of ischemic injury: Clinical stroke confirmed by imaging
 TIA (negative imaging)
 Silent infarct
 Unknown
 Other

7A. If Other, specify: _____

8. Seizure type (choose one):

- Myoclonic/infantile spasm
- Clonic
- Tonic
- Mixed
- Complex partial
- Simple partial w/generalization
- Complex partial w/generalization
- Unknown
- Tonic-clonic
- Atonic
- Simple partial
- Absence

9A. Seizure characteristics - frequency:

- Daily
- > 3x/week
- < 1x/week, > 1x/month
- < 1x/month, > 2x/year
- < 2x/year

9B. Seizure characteristics - duration:

- < 10 seconds
- 10-60 seconds
- 1-5 minutes
- > 5 minutes

9C. Seizure characteristics - age of onset (xx years):

9D. Seizure characteristics - active:

- Yes
- No

9E. Seizure characteristics - provoking factors:

- Sleep/drowsiness
- Fever
- Other

If Other, specify:

MEDICATIONS (AED'S): List all medications, in order of use, from past to present. Include dates, seizure frequency, and control, if possible. (For example, VPA for 3 months, 2 seizures per month. VPA/PHT for last 2 years and seizure-free)

10A. Medication 1 - drug:

10B. Medication 1 - start month (mm):

10C. Medication 1 - start year (yyyy):

10D. Medication 1 - stop month (mm):

10E. Medication 1 - stop year (yyyy):

10F. Medication 1 - continuing?

- Yes
- No

10G. Medication 1 - seizure frequency while on this drug:

- Daily
- > 3x/week
- < 1x/week, > 1x/month
- < 1x/month, > 2x/year
- < 2x/year
- Seizure free

11A. Medication 2 - drug:

11B. Medication 2 - start month (mm):

11C. Medication 2 - start year (yyyy):

11D. Medication 2 - stop month (mm): _____

11E. Medication 2 - stop year (yyyy): _____

11F. Medication 2 - continuing?
 Yes
 No

11G. Medication 2 - seizure frequency while on this drug:
 Daily
 > 3x/week
 < 1x/week, > 1x/month
 < 1x/month, > 2x/year
 < 2x/year
 Seizure free

12A. Medication 3 - drug: _____

12B. Medication 3 - start month (mm): _____

12C. Medication 3: start year (yyyy): _____

12D. Medication 3 - stop month (mm): _____

12E. Medication 3 - stop year (yyyy): _____

12F. Medication 3 - continuing?
 Yes
 No

12G. Medication 3 - seizure frequency while on this drug:
 Daily
 > 3x/week
 < 1x/week, > 1x/month
 < 1x/month, > 2x/year
 < 2x/year
 Seizure free

EEG findings - other activity:

13A. EEG findings - date (yyyy/mm/dd): _____

13B. EEG findings - epileptiform activity:
 Focal
 Multifocal
 Generalized
 Mixed

13C-1. Hypersynchronous theta
 Yes
 No

13C-2. Hypersynchronous beta:
 Yes
 No

13C-3. Episodic attenuation:
 Yes
 No

14C-4. Generalized slowing:
 Yes
 No

14C-5. Focal slowing
 Yes
 No

Staff I.D. #: _____