

Standard of Care - Seizures		
Consult template = none		
Isolated Case Gather – History Consider age Review triggers Assess Diagnostics – Bloods/ultrasound/x-ray – use diagnostics to support your review and DDx. Treatment – medication OR referral Check if F and not desexed, and if due for season		INVOICING Consult Diagnostics Treatment BIIN – phone call 2 days to review REVISIT – 10 days to review medication
If continued but occasionally Check when last diagnostics and undertake as required Seek referral		INVOICING Consult Diagnostics Treatment BIIN – phone call day 2 and day 4 to review REVISIT – 5 days if changing medications OR call 3 days post referral visit
If continually fitting History Consider age Review triggers Assess Diagnostics – Bloods/ultrasound/x-ray – use diagnostics to support your review and DDx.	Treatment IV catheter Diazepam IV If continues – full anaesthetic, phenobarbitone and fluids If nystagmus, consider CNS infection – trib, solumedrol	INVOICING Consult Hospital admission fee Hospital daily fee Consumables Diagnostics Treatment BIIN – phone call day 2 and day 4 to review REVISIT – 5 days if changing medications OR call 3 days post referral visit
Ongoing – i.e. has previous history of fitting Consult	Referral – if Owners not wanting referral, look to medication control (phenobarb – older style medication –	INVOICING Consult Treatment

<p>Continue existing history of information gathering to support the referral process</p>	<p>takes 2-3 weeks to be effective and then test blood levels at a later date. Pexion – newer drug – works in 2-3 days, not able to test levels later. If already on one or other of these, can sue in combination, plus or minus bromidium chloride.</p>	<p>BIIN – phone call day 1,3 REVISIT – 5 days and then another 5 days</p>
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