

NICE clinical guideline [XX]

Short title of guideline

Audit support

Issue date: [Year]

NICE clinical guideline 137

2012

Epilepsy: pharmacological treatment by seizure type

**Clinical audit tool**

Implementing NICE guidance

This clinical audit tool accompanies the clinical guideline: ‘The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care’ (available online at www.nice.org.uk/CG137).

**Issue date**: 2012

This is a support tool for clinical audit based on the NICE guidance.

It is not NICE guidance.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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# Using this clinical audit tool

The clinical audit tool can be used to measure current practice in the pharmacological treatment of epilepsy against the recommendations in the NICE guideline. Use it for a local audit project either by using the whole tool or by amending it to suit the project.

The clinical audit tool contains criteria and a data collection tool. The data collection tool can be used or adapted for the data collection part of the clinical audit cycle by the trust, service or practice. This document includes the following sections, each containing audit criteria and a data collection form:

[Focal seizures in children, young people and adults](#_Focal_seizures_in)

[Newly diagnosed generalised tonic-clonic (GTC) seizures in children, young people and adults](#_Newly_diagnosed_generalised)

[Absence seizures in children, young people and adults](#_Absence_seizures_in)

[Myoclonic seizures in children, young people and adults](#_Myoclonic_seizures_in)

[Tonic or atonic seizures in children, young people and adults](#_Tonic_or_atonic)

A baseline assessment tool is also available <http://guidance.nice.org.uk/CG137/BaselineAssessment/xls/English>. This can help ascertain your Trust’s baseline against the guideline’s recommendations and enable you to prioritise implementation activity including clinical audit.

The sample for this audit should include people with epilepsy. Select an appropriate sample in line with your project aims or local clinical audit strategy.

Whether or not the audit results meet the standard, re-auditing is a key part of the audit cycle. If your first data collection shows room for improvement, re-run it once changes to the service have had time to make an impact. Continue with this process until the results of the audit meet the standards.

### Links with other clinical audit priorities

The audit based on this guideline should be considered in conjunction with other clinical audit priorities such as:

* Epilepsy12 national audit: <http://www.rcpch.ac.uk/epilepsy12>

# Criteria for Epilepsy: pharmacological treatment by seizure type

|  |
| --- |
| Focal seizures  |
| **Criterion 1** | **Carbamazepine or lamotrigine should be offered as first-line treatment.** |
| **Exceptions** | **A** – carbamazepine and lamotrigine are unsuitable |
| **Guideline reference** | 1.9.3.1 |
| **Definitions** | None |
| **Criterion 2** | **If carbamazepine and lamotrigine are unsuitable or not tolerated, levetiracetam, oxcarbazepine or sodium valproate should be offered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.3.2 |
| **Definitions** | Levetiracetam is not cost effective at June 2011 unit costs[[1]](#footnote-1). Offer levetiracetam provided the acquisition cost of levetiracetam falls to at least 50% of June 2011 value.When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 3** | **If the first drug tried is ineffective, an alternative should be offered from:*** **carbamazepine**
* **lamotrigine**
* **levetiracetam**
* **oxcarbazepine**
* **sodium valproate.**
 |
| **Exceptions** | None  |
| **Guideline reference** | 1.9.3.2 |
| **Definitions** | Levetiracetam is not cost effective at June 2011 unit costs1. Offer levetiracetam provided the acquisition cost of levetiracetam falls to at least 50% of June 2011 value.When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |

|  |  |
| --- | --- |
| **Criterion 4** | **If first-line treatments are ineffective or not tolerated, adjunctive treatment should be considered with any of the following:*** **carbamazepine**
* **clobazam[[2]](#footnote-2)**
* **gabapentin2**
* **lamotrigine**
* **levetiracetam**
* **oxcarbazepine**
* **sodium valproate**
* **topiramate.**
 |
| **Exceptions** | None |
| **Guideline reference** | 1.9.3.4 |
| **Definitions** | Levetiracetam is not cost effective at June 2011 unit costs1. Offer levetiracetam provided the acquisition cost of levetiracetam falls to at least 50% of June 2011 value.When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 5** | **If adjunctive treatment is ineffective or not tolerated, the patient’s treatment should be discussed with, or referred to, a tertiary epilepsy specialist.****Other drugs that may be considered by the tertiary epilepsy specialist are eslicarbazepine acetate2, lacosamide, phenobarbital, phenytoin, pregabalin2, tiagabine, vigabatrin and zonisamide2.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.3.5 |
| **Definitions** | Carefully consider the risk–benefit ratio when using vigabatrin because of the risk of an irreversible effect on visual fields. |

# Data collection tool for Epilepsy: pharmacological treatment by seizure type

Complete one form for each patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient identifier:** | **Sex:** | **Age:** | **Organisation/service:** |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Other** |
| British | [ ]  | White andBlack Caribbean | [ ]  | Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | White andBlack African | [ ]  | Pakistani | [ ]  | African | [ ]  | Any other ethnic group | [ ]  |
| Any other White background | [ ]  | White andAsian | [ ]  | Bangladeshi | [ ]  | Any other Black background | [ ]  | Not stated [ ]  |
|  | Any other mixed background | [ ]  | Any other Asian background | [ ]  |  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| Focal seizures  |
| 1 |  | Were any of the following offered as first-line treatment? |  |  | **A**  |
|  | 1.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 1.2 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 1.3 | * other
 | [ ]  | [ ]  |  |
| 2 |  | If carbamazepine and lamotrigine were unsuitable or not tolerated, were any of the following offered? |  |  |  |
|  | 2.1 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 2.2 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 2.3 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 2.4 | * other
 | [ ]  | [ ]  |  |
| 3 |  | If the first drug tried is ineffective, was an alternative offered? |  |  |  |
|  | 3.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 3.2 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 3.3 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 3.4 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 3.5 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 3.6 | * other
 | [ ]  | [ ]  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| 4 |  | If the first-line treatments were ineffective or not tolerated, were any of the following offered as adjunctive treatment? |  |  |  |
|  | 4.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 4.2 | * clobazam
 | [ ]  | [ ]  |  |
|  | 4.3 | * gabapentin
 | [ ]  | [ ]  |  |
|  | 4.4 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 4.5 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 4.6 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 4.7 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 4.8 | * topiramate
 | [ ]  | [ ]  |  |
|  | 4.9 | * other
 | [ ]  | [ ]  |  |
| 5 |  | If adjunctive treatment was ineffective or not tolerated, did the following happen? |  |  |  |
|  | 5.1 | * patient’s treatment was discussed with a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  | 5.2 | * patient’s treatment was referred to a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  |  | If yes, did the tertiary epilepsy specialist prescribe any of the following?  |  |  |  |
|  | 5.3 | * eslicarbazepine acetate
 | [ ]  | [ ]  |  |
|  | 5.4 | * lacosamide
 | [ ]  | [ ]  |  |
|  | 5.5 | * phenobarbital
 | [ ]  | [ ]  |  |
|  | 5.6 | * phenytoin
 | [ ]  | [ ]  |  |
|  | 5.7 | * pregabalin
 | [ ]  | [ ]  |  |
|  | 5.8 | * tiagabine
 | [ ]  | [ ]  |  |
|  | 5.9 | * vigabatrin
 | [ ]  | [ ]  |  |
|  | 5.10 | * zonisamide
 | [ ]  | [ ]  |  |
|  | 5.11 | * other
 | [ ]  | [ ]  |  |
| a Circle exception codes as appropriate. Details of exceptions are listed at the end of the patient data collection tool. |

### Exception codes

**A** – carbamazepine and lamotrigine are unsuitable

# Criteria for Epilepsy: pharmacological treatment by seizure type

|  |
| --- |
| Newly diagnosed generalised tonic–clonic (GTC) seizures  |
| **Criterion 6** | **Sodium valproate should be offered as first-line treatment.** |
| **Exceptions** | **B** – sodium valproate is unsuitable |
| **Guideline reference** | 1.9.4.1 |
| **Definitions** | When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 7** | **If sodium valproate is unsuitable, lamotrigine should be offered and carbamazepine and oxcarbazepine[[3]](#footnote-3) should be considered.** |
| **Exceptions** | **C** – the person has myoclonic seizures**D** – the person is suspected of having juvenile myoclonic epilepsy |
| **Guideline reference** | 1.9.4.2 and 1.9.4.3 |
| **Definitions** | Carbamazepine and oxcarbazepine should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set.If the person has myoclonic seizures or is suspected of having juvenile myoclonic epilepsy (JME), be aware that lamotrigine may exacerbate myoclonic seizures. |
| **Criterion 8** | **Clobazam3, lamotrigine, levetiracetam, sodium valproate or topiramate should be offered as adjunctive treatment if first-line treatments are ineffective or not tolerated.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.4.4 |
| **Definitions** | When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |

|  |  |
| --- | --- |
| **Criterion 9** | **If there are absence or myoclonic seizures, or if juvenile myoclonic epilepsy is suspected, the following drugs should not be offered:*** **carbamazepine**
* **gabapentin**
* **oxcarbazepine**
* **phenytoin**
* **pregabalin**
* **tiagabine**
* **vigabatrin.**
 |
| **Exceptions** | None |
| **Guideline reference** | 1.9.4.5 |
| **Definitions** | None |

# Data collection tool for Epilepsy: pharmacological treatment by seizure type

Complete one form for each patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient identifier:** | **Sex:** | **Age:** | **Organisation/service:** |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Other** |
| British | [ ]  | White andBlack Caribbean | [ ]  | Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | White andBlack African | [ ]  | Pakistani | [ ]  | African | [ ]  | Any other ethnic group | [ ]  |
| Any other White background | [ ]  | White andAsian | [ ]  | Bangladeshi | [ ]  | Any other Black background | [ ]  | Not stated [ ]  |
|  | Any other mixed background | [ ]  | Any other Asian background | [ ]  |  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| Newly diagnosed generalised tonic–clonic seizures  |
| 6 | 6.1 | Was sodium valproate offered as first-line treatment? | [ ]  | [ ]  | **B** |
| 7 |  | If sodium valproate was unsuitable, were any of the following offered? |  |  | **C / D** |
|  | 7.1 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 7.2 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 7.3 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 7.4 | * other.
 | [ ]  | [ ]  |  |
| 8 |  | If first-line treatment was ineffective or not tolerated, were any of the following offered as adjunctive treatment? |  |  |  |
|  | 8.1 | * clobazam
 | [ ]  | [ ]  |  |
|  | 8.2 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 8.3 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 8.4 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 8.5 | * topiramate
 | [ ]  | [ ]  |  |
|  | 8.6 | * other.
 | [ ]  | [ ]  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| 9 |  | If there were absence or myoclonic seizures, or juvenile myoclonic epilepsy was suspected, were any of the following offered? |  |  |  |
|  | 9.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 9.2 | * gabapentin
 | [ ]  | [ ]  |  |
|  | 9.3 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 9.4 | * phenytoin
 | [ ]  | [ ]  |  |
|  | 9.5 | * pregabalin
 | [ ]  | [ ]  |  |
|  | 9.5 | * tiagabine
 | [ ]  | [ ]  |  |
|  | 9.6 | * vigabatrin.
 | [ ]  | [ ]  |  |
| a Circle exception codes as appropriate. Details of exceptions are listed at the end of the patient data collection tool. |

### Exception codes

**B** – sodium valproate is unsuitable

**C** – the person has myoclonic seizures

**D** – the person is suspected of having juvenile myoclonic epilepsy

# Criteria for Epilepsy: pharmacological treatment by seizure type

|  |
| --- |
| Absence seizures  |
| **Criterion 10** | **Ethosuximide or sodium valproate should be offered as first-line treatment.**  |
| **Exceptions** | None |
| **Guideline reference** | 1.9.5.1 |
| **Definitions** | If there is a high risk of GTC seizures, offer sodium valproate first.When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 11** | **If ethosuximide and sodium valproate are unsuitable, ineffective or not tolerated, lamotrigine[[4]](#footnote-4) should be offered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.5.2 |
| **Definitions** | None |
| **Criterion 12** | **If two first-line drugs are ineffective, a combination of two of the following should be considered:*** **ethosuximide**
* **lamotrigine4**
* **sodium valproate.**
 |
| **Exceptions** | None |
| **Guideline reference** | 1.9.5.3 |
| **Definitions** | Combination treatment should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set.When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |

|  |  |
| --- | --- |
| **Criterion 13** | **If adjunctive treatment is ineffective or not tolerated, the patient’s treatment should be discussed with, or referred to, a tertiary epilepsy specialist and the following drugs considered:*** **clobazam4**
* **clonazepam**
* **levetiracetam4**
* **topiramate4**
* **zonisamide4.**
 |
| **Exceptions** | None |
| **Guideline reference** | 1.9.5.4 |
| **Definitions** | Treatment with the drugs listed above should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set. |
| **Criterion 14** | **Carbamazepine, gabapentin, oxcarbazepine, phenytoin, pregabalin, tiagabine or vigabatrin should not be offered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.5.5 |
| **Definitions** | None |

# Data collection tool for Epilepsy: pharmacological treatment by seizure type

Complete one form for each patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient identifier:** | **Sex:** | **Age:** | **Organisation/service:** |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Other** |
| British | [ ]  | White andBlack Caribbean | [ ]  | Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | White andBlack African | [ ]  | Pakistani | [ ]  | African | [ ]  | Any other ethnic group | [ ]  |
| Any other White background | [ ]  | White andAsian | [ ]  | Bangladeshi | [ ]  | Any other Black background | [ ]  | Not stated [ ]  |
|  | Any other mixed background | [ ]  | Any other Asian background | [ ]  |  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| Absence seizures  |
| 10 |  | Were any of the following offered as first-line treatment? |  |  |  |
|  | 10.1 | * ethosuximide
 | [ ]  | [ ]  |  |
|  | 10.2 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 10.3 | * other (specify)
 | [ ]  | [ ]  |  |
| 11 |  | If ethosuximide and sodium valproate were unsuitable, ineffective or not tolerated, were any of the following offered? |  |  |  |
|  | 11.1 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 11.2 | * other (specify)
 | [ ]  | [ ]  |  |
| 12 |  | If two first-line drugs are ineffective, was a combination of two of the following prescribed? |  |  |  |
|  | 12.1 | * ethosuximide
 | [ ]  | [ ]  |  |
|  | 12.2 | * lamotrigine
 | [ ]  | [ ]  |  |
|  | 12.3 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 12.4 | * other
 | [ ]  | [ ]  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| 13 |  | If adjunctive treatment was ineffective or not tolerated, did the following happen? |  |  |  |
|  | 13.1 | * patient’s treatment was discussed with a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  | 13.2 | * patient’s treatment was referred to a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  |  | If yes, did the tertiary epilepsy specialist prescribe any of the following?  |  |  |  |
|  | 13.3 | * clobazam
 | [ ]  | [ ]  |  |
|  | 13.4 | * clonazepam
 | [ ]  | [ ]  |  |
|  | 13.5 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 13.6 | * topiramate
 | [ ]  | [ ]  |  |
|  | 13.7 | * zonisamide
 | [ ]  | [ ]  |  |
|  | 13.8 | * other
 | [ ]  | [ ]  |  |
| 14 |  | Were any of the following offered? |  |  |  |
|  | 14.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 14.2 | * gabapentin
 | [ ]  | [ ]  |  |
|  | 14.3 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 14.4 | * phenytoin
 | [ ]  | [ ]  |  |
|  | 14.5 | * pregabalin
 | [ ]  | [ ]  |  |
|  | 14.5 | * tiagabine
 | [ ]  | [ ]  |  |
|  | 14.6 | * vigabatrin.
 | [ ]  | [ ]  |  |
| a Circle exception codes as appropriate. Details of exceptions are listed at the end of the patient data collection tool. |

# Criteria for Epilepsy: pharmacological treatment by seizure type

|  |
| --- |
| Myoclonic seizures  |
| **Criterion 15** | **Sodium valproate should be offered as first-line treatment.** |
| **Exceptions** | **B** – sodium valproate is unsuitable |
| **Guideline reference** | 1.9.6.1 |
| **Definitions** | When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 16** | **If sodium valproate is unsuitable or not tolerated, levetiracetam[[5]](#footnote-5) or topiramate5 should be considered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.6.2 |
| **Definitions** | Topiramate has a less favourable side-effect profile than levetiracetam and sodium valproate. Levetiracetam and topiramate should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set. |
| **Criterion 17** | **If first-line treatments are ineffective or not tolerated, levetiracetam, sodium valproate or topiramate5 should be offered as adjunctive treatment.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.6.3 |
| **Definitions** | When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |

|  |  |
| --- | --- |
| **Criterion 18** | **If adjunctive treatment is ineffective or not tolerated, the patient’s treatment should be discussed with, or referred to, a tertiary epilepsy specialist and the following drugs considered:*** **clobazam5**
* **clonazepam**
* **piracetam**
* **zonisamide5.**
 |
| **Exceptions** | None |
| **Guideline reference** | 1.9.6.4 |
| **Definitions** | Treatment with the drugs listed above should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set. |
| **Criterion 19** | **Carbamazepine, gabapentin, oxcarbazepine, phenytoin, pregabalin, tiagabine or vigabatrin should not be offered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.6.5 |
| **Definitions** | None |

# Data collection tool for Epilepsy: pharmacological treatment by seizure type

Complete one form for each patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient identifier:** | **Sex:** | **Age:** | **Organisation/service:** |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Other** |
| British | [ ]  | White andBlack Caribbean | [ ]  | Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | White andBlack African | [ ]  | Pakistani | [ ]  | African | [ ]  | Any other ethnic group | [ ]  |
| Any other White background | [ ]  | White andAsian | [ ]  | Bangladeshi | [ ]  | Any other Black background | [ ]  | Not stated [ ]  |
|  | Any other mixed background | [ ]  | Any other Asian background | [ ]  |  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| Myoclonic seizures  |
| 15 | 15.1 | Was sodium valproate offered as first-line treatment? | [ ]  | [ ]  | **B** |
| 16 |  | If sodium valproate was unsuitable or not tolerated, were any of the following offered? |  |  |  |
|  | 16.1 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 16.2 | * topiramate
 | [ ]  | [ ]  |  |
|  | 16.3 | * other (specify)
 | [ ]  | [ ]  |  |
| 17 |  | If first-line treatments are ineffective or not tolerated, were any of the following offered? |  |  |  |
|  | 17.1 | * levetiracetam
 | [ ]  | [ ]  |  |
|  | 17.2 | * sodium valproate
 | [ ]  | [ ]  |  |
|  | 17.3 | * topiramate
 | [ ]  | [ ]  |  |
|  | 17.4 | * other
 | [ ]  | [ ]  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| 18 |  | If adjunctive treatment was ineffective or not tolerated, did the following happen? |  |  |  |
|  | 18.1 | * patient’s treatment was discussed with a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  | 18.2 | * patient’s treatment was referred to a tertiary epilepsy specialist
 | [ ]  | [ ]  |  |
|  |  | If yes, did the tertiary epilepsy specialist prescribe any of the following?  |  |  |  |
|  | 18.3 | * clobazam
 | [ ]  | [ ]  |  |
|  | 18.4 | * clonazepam
 | [ ]  | [ ]  |  |
|  | 18.5 | * piracetam
 | [ ]  | [ ]  |  |
|  | 18.6 | * zonisamide
 | [ ]  | [ ]  |  |
|  | 18.7 | * other
 | [ ]  | [ ]  |  |
| 19 |  | Were any of the following offered? |  |  |  |
|  | 19.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 19.2 | * gabapentin
 | [ ]  | [ ]  |  |
|  | 19.3 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 19.4 | * phenytoin
 | [ ]  | [ ]  |  |
|  | 19.5 | * pregabalin
 | [ ]  | [ ]  |  |
|  | 19.5 | * tiagabine
 | [ ]  | [ ]  |  |
|  | 19.6 | * vigabatrin.
 | [ ]  | [ ]  |  |
| a Circle exception codes as appropriate. Details of exceptions are listed at the end of the patient data collection tool. |

### Exception codes

**B** – sodium valproate is unsuitable

# Criteria for Epilepsy: pharmacological treatment by seizure type

|  |
| --- |
| Tonic or atonic seizures  |
| **Criterion 20** | **Sodium valproate should be offered as first-line treatment.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.7.1 |
| **Definitions** | When prescribing sodium valproate to women and girls of present and future childbearing potential, discuss the possible risk of malformation and neurodevelopmental impairments in an unborn child, particularly with high doses of this drug or when using as part of polytherapy. |
| **Criterion 21** | **Lamotrigine[[6]](#footnote-6) should be offered as adjunctive treatment if first-line treatment with sodium valproate is ineffective or not tolerated.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.7.2 |
| **Definitions** | None |
| **Criterion 22** | **If adjunctive treatment is ineffective or not tolerated, the patient’s treatment should be discussed with a tertiary epilepsy specialist. Other drugs that may be considered by the tertiary epilepsy specialist are rufinamide6 and topiramate6.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.7.3 |
| **Definitions** | Treatment with the drugs listed above should be considered but do not necessarily have to be offered, therefore a standard of 100% cannot be set. |
| **Criterion 23** | **Carbamazepine, gabapentin, oxcarbazepine, pregabalin, tiagabine or vigabatrin should not be offered.** |
| **Exceptions** | None |
| **Guideline reference** | 1.9.7.4 |
| **Definitions** | None |

# Data collection tool for Epilepsy: pharmacological treatment by seizure type

Complete one form for each patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient identifier:** | **Sex:** | **Age:** | **Organisation/service:** |

**Ethnicity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Other** |
| British | [ ]  | White andBlack Caribbean | [ ]  | Indian | [ ]  | Caribbean | [ ]  | Chinese | [ ]  |
| Irish | [ ]  | White andBlack African | [ ]  | Pakistani | [ ]  | African | [ ]  | Any other ethnic group | [ ]  |
| Any other White background | [ ]  | White andAsian | [ ]  | Bangladeshi | [ ]  | Any other Black background | [ ]  | Not stated [ ]  |
|  | Any other mixed background | [ ]  | Any other Asian background | [ ]  |  |  |

| **No.** | **Data item no.** | **Criteria** | **Yes** | **No** | **NA/****Exceptionsa** |
| --- | --- | --- | --- | --- | --- |
| Tonic or atonic seizures  |
| 20 | 20.1 | Was sodium valproate offered as first-line treatment? | [ ]  | [ ]  |  |
| 21 | 21.1 | If sodium valproate was ineffective or not tolerated, was lamotrigine offered as adjunctive treatment? | [ ]  | [ ]  |  |
| 22 | 22.1 | If adjunctive treatment was ineffective or not tolerated, was the patient’s treatment discussed with a tertiary epilepsy specialist? | [ ]  | [ ]  |  |
|  |  | If yes, did the tertiary epilepsy specialist prescribe any of the following?  |  |  |  |
|  | 22.2 | * rufinamide
 | [ ]  | [ ]  |  |
|  | 22.3 | * topiramate
 | [ ]  | [ ]  |  |
|  | 22.4 | * other
 | [ ]  | [ ]  |  |
| 23 |  | Were any of the following offered? |  |  |  |
|  | 23.1 | * carbamazepine
 | [ ]  | [ ]  |  |
|  | 23.2 | * gabapentin
 | [ ]  | [ ]  |  |
|  | 23.3 | * oxcarbazepine
 | [ ]  | [ ]  |  |
|  | 23.4 | * pregabalin
 | [ ]  | [ ]  |  |
|  | 23.5 | * tiagabine
 | [ ]  | [ ]  |  |
|  | 23.6 | * vigabatrin.
 | [ ]  | [ ]  |  |
| a Circle exception codes as appropriate. Details of exceptions are listed at the end of the patient data collection tool. |

# Further information

For further information about clinical audit refer to a local clinical audit professional within your own organisation or the Healthcare Quality Improvement Partnership (HQIP) website [www.hqip.org.uk](http://www.hqip.org.uk). HQIP was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales.

# Supporting implementation

NICE has developed tools to help organisations implement the clinical guideline on Epilepsy (listed below). These are available on our website (www.nice.org.uk/CG137).

* Costing statement.
* Slides highlighting key messages for local discussion.
* Clinical case scenarios: an educational resource that can be used in individual or group learning situations.
* Pharmacological treatment tables: tables from appendix E of the NICE guideline separated for ease of use and printing.
* Baseline assessment tool for identifying current practice and prioritising implementation of the guideline.
* Clinical audit tool for local clinical audit (this document)
* Electronic audit tool.

A series of practical guides to implementation are also available on our website ([www.nice.org.uk/usingguidance/implementationtools](http://www.nice.org.uk/usingguidance/implementationtools)).

# The guidance

You can download the guidance documents from www.nice.org.uk/CG137. For printed copies of ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and N2697 (‘Understanding NICE guidance’).

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1. Estimated cost of a 1500 mg daily dose was £2.74 at June 2011. Cost taken from the National Health Service Drug Tariff for England and Wales, available at [www.ppa.org.uk/ppa/edt\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm) [↑](#footnote-ref-1)
2. At the time of publication (January 2012), this drug did not have UK marketing authorisation for this indication and/or population. Informed consent should be obtained and documented. [↑](#footnote-ref-2)
3. At the time of publication (January 2012), this drug did not have UK marketing authorisation for this indication and/or population. Informed consent should be obtained and documented. [↑](#footnote-ref-3)
4. At the time of publication (January 2012), this drug did not have UK marketing authorisation for this indication and/or population. Informed consent should be obtained and documented. [↑](#footnote-ref-4)
5. At the time of publication ([month year]), this drug did not have UK marketing authorisation for this indication and/or population. Informed consent should be obtained and documented. [↑](#footnote-ref-5)
6. At the time of publication ([month year]), this drug did not have UK marketing authorisation for this indication and/or population. Informed consent should be obtained and documented. [↑](#footnote-ref-6)