

## POSTER ABSTRACT

### Epilepsy Care Planning in Psychiatric Inpatient settings - the 'Yellow Card'

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**An introduction:** (comprising context and problem statement) Epilepsy is frequently comorbid with psychiatric disorders and especially so in patients who also have an intellectual disability. Seizures can present with psychiatric or behavioural manifestations and conversely psychiatric disorders can sometimes be misdiagnosed in those with seizures.

Epilepsy is therefore not uncommon in psychiatric inpatient settings, particularly in the Republic of Ireland where involuntary care for patients with an intellectual disability and mental disorder is usually in a general psychiatric inpatient setting.

Patients with epilepsy present a unique risk profile which is also evident in psychiatric inpatient settings and practice guidelines suggest assessments across a core spectrum of areas. Those with epilepsy and learning disabilities have a higher mortality rate as compared to the general population.

**Short description of practice change implemented:** We developed a diagnosis triggered tool in the form of a "Yellow Card" to be placed in the psychiatric inpatient notes in those with a diagnosis of epilepsy. The content was developed by operationalising relevant recommendations from the National Institute of Care and Health Excellence (UK) and through iterative consultation with an epilepsy specialist nurse, an occupational therapist and consultant neurologists from the UK and Ireland.

The yellow card is a brightly coloured double sided A4 card which will also alert the psychiatric care team to the presence of epilepsy as a comorbidity, once it has been completed.

**Aim and theory of change:** The 'yellow card' which would need to be completed by the psychiatric care team soon after admission would require the team to think through areas which although simple to complete, such as a description of seizures and usual frequency, would help diagnostic clarity and reduce the risk of seizures being mistaken for psychiatric disorder or behavioural disturbance. There are prompts to triangulate information from multiple sources including close family and prompts to consider core areas of risk as required by current guidelines There is an area to document medication related considerations including fore thinking the management of emergencies such as prolonged or uncontrolled seizures. The

epilepsy classification used in the tool is consistent with International League Against Epilepsy recommendations.

**Targeted population and stakeholders:** We are currently arranging to audit epilepsy care planning across psychiatric inpatient settings in six Irish counties using the 'yellow card' as an audit tool.

**Timeline:** We aim to have the audit completed over the next 6 months.

**Highlights:** (innovation, Impact and outcomes) We describe the development of an innovative diagnosis triggered tool for epilepsy care planning to be used in psychiatric inpatient settings. We anticipate that this cross-speciality and trans jurisdictional collaboration between psychiatry and neurology will have translational benefits in quality of care and patient safety going forwards. The anticipated impact with likely be in the areas of psychiatric diagnosis, epilepsy care and risk management in psychiatric settings. We aim to demonstrate this by completing audit cycles at each collaborating site, with education around the use of the tool.

**Comments on sustainability:** The use of a single double sided A4 tool is likely to positively impact uptake rates as opposed to booklets which can be cumbersome. We therefore anticipate that this is a sustainable innovation.

**Comments on transferability:** Should a benefit be demonstrated through the audit cycle, the tool would be easily transferable into psychiatric settings in other jurisdictions such as Great Britain and Northern Ireland as well as into an electronic format for jurisdictions which employ electronic case records.

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**Keywords:** epilepsy; psychiatry; intellectual disability

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