TRANSITIONS FROM PEDIATRIC EPILEPSY TO ADULT EPILEPSY CARE

Adolescent with significant developmental disability (independence unlikely)

Age	**10-13 yrs old***	**14-15 yrs old***	**16-17 yrs old***	**≥ 18 yrs old***
Overall	**Discuss** transition plan and realistic plans for adult life (e.g. living, employment)	**Discuss** transition plan and realistic plans for adult life (e.g. living, employment)	**Review transition plan**	Implement adult model of care Review transition plan and update Neurologist: create transition summary/note
Etiology	Verify epilepsy diagnosis, continued need for treatment. Determine seizure classification: (Generalized, focal) and etiology- (Structural, Metabolic, genetic, unknown). Clarify prognosis.	- Consider medication taper/ change for females for reproductive reasons	Same	Consider advance meeting of child with adult neurologist. Patients with Lennox Gastaut syndrome or a similar syndrome associated with severe disability may not require transition until a later age (based on family/ child neurologist comfort level)
Testing	Assess need for repeat EEG, MRI, monitoring of blood, frequency of return visits, when to contact MD or RN	Same	Same	Same
Female issues	Educate parents of girls about Folate and initiate.	Discuss contraception (may need anticonvulsant dose adjustment)	Same	Same
Independence	Discuss plan with parents/caregivers about developing responsibility and independence. – Know medications, doses, time, seizure tracker – Safety (sports, camps, baths) for developmental level – Sleep hygiene, ETOH use, drugs, sexuality and planned pregnancies – Monitoring often severe co-morbidities –ADHD, learning difficulties, mood issues – Encourage exercise, including weight ,bearing activities, verify Vitamin D status – Educate about Vitamin D status – Query for mood and sleep issues		Discuss plans with parents/ caregivers about future care – Medication administration, maintain calendar, report need for prescriptions – Bullying, physical or sexual abuse – Query for mood and sleep issues – Group home vs. family vs. independent living – Advocacy, guardianship legal issues – Discuss SUDEP with family	
Quality of life	Encourage appropriate teen activities as developmentally appropriate – with family – at school – in community – Epilepsy Foundation support		Advice for jobs and vocational rehab – specific testing – advocacy – education – Epilepsy Foundation support	
Education	Develop school educational plan/support. Review IEP results and arrange further testing if Required.		Assess outside support needs/advocacy (Epilepsy Foundation assistance) School/work; community; family	
Emergency plan	Develop emergency care plan for community when parents not present		Know emergency care plan appropriate to level of function and place in community.	
Participation	participation in exam**, as applicable**	participation in exam, **as applicable**	participation in exam, **as applicable**	participation in exam , **as applicable**

***Age of task may vary with maturity.** Adapted from Cooley and Sagerman, Clinical Report- Supporting the Healthcare Transition from Adolescence to Adulthood in the Medical Home, *Pediatrics*, vol 28, No. 1, July 2011, pp. 182-200. Camfield P, Camfield C, Pohlmann-Eden B. Transition from pediatric to adult epilepsy care: a difficult process marked by medical and social crisis. *Epilepsy Currents* 2012:12(4 Suppl); 13-21.

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