

**TRANSITIONS FROM PEDIATRIC EPILEPSY TO ADULT EPILEPSY CARE**  
*Adolescent without significant developmental disability (plan for independence)*

Age	10-13 yrs old*	14-15 yrs old*	16-17 yrs old*	≥ 18 yrs old*
<b>Overall</b>	Discuss transition plan	Discuss transition plan	Discuss and review transition plan and update Neurologist: create transition summary/note	Implement adult model of care Review transition plan and update Neurologist: create transition summary/note
<b>Etiology</b>	Verify epilepsy diagnosis, continued need for treatment. Determine seizure classification: (Generalized, focal) and etiology- (Structural, Metabolic, genetic, unknown). Clarify prognosis.	-If syndrome that is likely to be outgrown (e.g. BECTS, CAE), transition may not be needed - Consider medication taper/ change for females for reproductive reasons	If patient has an epilepsy that is unlikely to be outgrown (e.g. refractory complex partial), or JME transition is critical -Advise advance meeting of the child with adult neurologist	Same
<b>Testing</b>	Assess need for repeat EEG, MRI, monitoring of blood, frequency of return visits, when to contact MD or RN	Same	Same	Same
<b>Female issues</b>	Educate girls about Folate and initiate.	Discuss contraception (may need anticonvulsant dose adjustment)	Same	Same
<b>Independence</b>	Discuss plan for developing responsibility and independence. <ul style="list-style-type: none"> <li>- Know medications, doses, timing, seizure tracker</li> <li>- Safety (sports, camps, swimming, video games, baths, cooking)</li> <li>- Teen should know key details of history, diagnostic work up (MRI and EEG), seizure description</li> <li>- Begin to discuss local state driving rules</li> <li>- Monitoring co-morbidities –ADHD, learning difficulties, mood issues, side effects</li> <li>- Encourage good health practices: discuss exercise, sleep, alcohol, drugs, sexuality</li> <li>- <b>Query for mood and sleep problems</b></li> <li>- <b>Educate about Vitamin D status</b></li> </ul>		Plan for independence <ul style="list-style-type: none"> <li>– Self-medication, maintain calendar, report need for prescriptions, pill box</li> <li>– Discuss driving if appropriate (based on state laws)</li> <li>– Encourage good health practices: discuss exercise, sleep, alcohol, drugs, sexuality (planned pregnancies)</li> <li>– Compliance issues (breakthrough seizures, implications on driving license, SUDEP)</li> <li>– <b>Query for mood and sleep problems</b></li> </ul>	
<b>Quality of Life</b>	Encourage appropriate teen activities <ul style="list-style-type: none"> <li>– with family</li> <li>– at school</li> <li>– in community</li> <li>– Epilepsy Foundation support (if needed)</li> </ul>		Advice for career, educational planning <ul style="list-style-type: none"> <li>– specific testing</li> <li>– advocacy</li> <li>– education</li> <li>– college scholarships (several specific to epilepsy)</li> </ul>	
<b>Education</b>	Develop school educational plan/support		Develop school educational plan/support. Plan for college.	
<b>Emergency plan</b>	Develop emergency care plan for community when parents not present		Know emergency care plan appropriate to level of function and place in community. Provide phone contact or email to patient for independent access to MD, especially for emergencies.	
<b>Time alone during visit?</b>	Assess maturity, readiness	Encourage independence, allowing teen to ask questions during visit	Encourage independence, begin to have time alone with MD during clinic visit	Responsible, large portion of clinic visit alone with MD

\*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.