

AMA Queensland Feedback on QH Queensland Clinical Guideline: Neonatal Seizures v4

Submitted 9 September 2022

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General Feedback

AMA Queensland strongly advocates for clinical guidelines, such as QCG's *Neonatal Seizures v4* (the Guideline), that are evidence-based and consistent with best practice models of care. This is the only means of ensuring patient safety and optimal health outcomes.

The Guideline is comprehensive, clear and based on current scientific knowledge concerning best-practice clinical responses for neonatal seizures. AMA Queensland welcomes this latest iteration of the guideline and thanks QCG for this professional approach.

AMA Queensland submits the Guideline requires one important amendment concerning the recommended advice process where a baby has suspected seizure activity (set out below). It also makes some minor, miscellaneous recommendations.

Recommended Advice Process by Section & Page Number

- Flow chart: 'Assessment and management of neonatal seizures', page 4
 - AMA Queensland submits that, where a baby has suspected seizure activity, advice should be sought from a specialist and not Retrieval Services Queensland (RSQ) as currently recommended in the Guideline.
 - This specialist advice should:
 1. be sought according to the usual referral pathways from:
 - i. a general paediatrician – where the baby was seen by a primary health practitioner; or
 - ii. a neonatologist – where the baby was seen by a general paediatrician;
 2. include the provision of a video to the relevant specialist; and
 3. be undertaken via telehealth with the parents/carers involved.
- Table 1: 'Context', page 8
 - As stated above, AMA Queensland submits that the appropriate referral pathway is via a telehealth discussion with:
 1. a regional, general paediatrician – where the baby was seen by a primary health practitioner; or
 2. a neonatologist linked to the referral site – where the baby was seen by a regional, general paediatrician.
 - AMA Queensland submits there is no need for referral to RSQ at this stage and that such referral is more likely to complicate the clinical response.

- Table 16: ‘Principles’, page 23
 - AMA Queensland reiterates its above submissions that discussions or advice should be with/sought from specialists and not RSQ. This will reduce the likelihood of confusion.

- Table 19: ‘Pyridoxine’, page 25
 - AMA Queensland reiterates its above submissions that discussions or advice should be with/sought from specialists and not RSQ. This will reduce the likelihood of confusion.

Miscellaneous Recommendations

AMA Queensland recommends the following terminology be substituted were relevant in the Guideline to ensure consistency with current practice.

| Current Terminology | Recommended Terminology |
|----------------------------|--------------------------------|
| Likely | Prevalent |
| Causes | Aetiologies |
| Shown | Diagnosed |

- Table 10: ‘Initial assessment and management’, page 17
 - AMA Queensland supports the content of Table 10 as representing current best practice in initial assessment and management of neonatal seizure presentations. It is recommended, however, that this content be simplified if possible to ensure it is easy to follow and effective as an initial management protocol.