

# STARING SPELLS

**Exclusion Criteria:**  
Known dx Epilepsy, known neurodevelopmental disorder or CP, use of significantly sedating medication.

**Age 0-3 yrs**

**Age 3-12 yrs**

**Age 12-19**

Child is **unresponsive** to firm touch or facial touch during staring? If **YES**, continue below.

-Abrupt onset during play?  
-Post-event crying / disorientation?  
-Automatisms?\*

**Yes to 1:** order EEG, refer if abnl, -May consider E-consult. Video event if possible.  
**Yes to 2+:** EEG & refer Neurology  
**No to all:** monitor, no referral, consider alternate dx\*\*

-Abrupt onset during play?  
-Post-event crying / irritability, confusion?  
-Automatisms?\*

**NO to all:** consider alternate dx\*\*  
**YES for 1 or more** of above, determine frequency :

**Frequency:**  
>2-3 per day

**Frequency:**  
less than daily

**Probable Absence Seizures:**  
-EEG and refer  
-Hyperventilate x 3 min to confirm\*\*\*

**Possible Complex Partial Seizures:**  
-EEG and Refer

-Abrupt onset during play or phys activity?  
-Post-event irritability/ disorientation?  
-Automatisms?\*

**Yes to 1:** order EEG, refer if abnl  
-May consider E-consult. Video event if possible.  
**Yes to 2+:** EEG & refer Neurology  
**No to all:** monitor, no referral, consider alternate dx\*\*

**NO**

**\*Automatisms:**  
Repetitive, purposeless movements often seen during seizures, may include:  
-Eye blinks or lid flutter  
-Picking or tapping with hands  
-Eye rolling, head nodding  
-Mouth movements

**\*\*Consider alternate diagnoses:** ADD, OSA, behavior, daydreaming.  
No other eval required.  
**No referral unless events change or increase.**

**\*\*\*Hyperventilation** should trigger absence seizures. Have pt sit, blow at pinwheel or tissue steadily x 3 min, observe for typical spell.

**Most staring is not seizure.**  
Seizures may usually be distinguished from non-seizures by certain features and reactivity to touch. Sleepiness due to OSA, ADD or ADHD, and various behaviors are other common reasons for staring spells. Parents & guardians highly familiar with the child are much more reliable as reporters of suspected seizure than teachers, therapists and coaches.