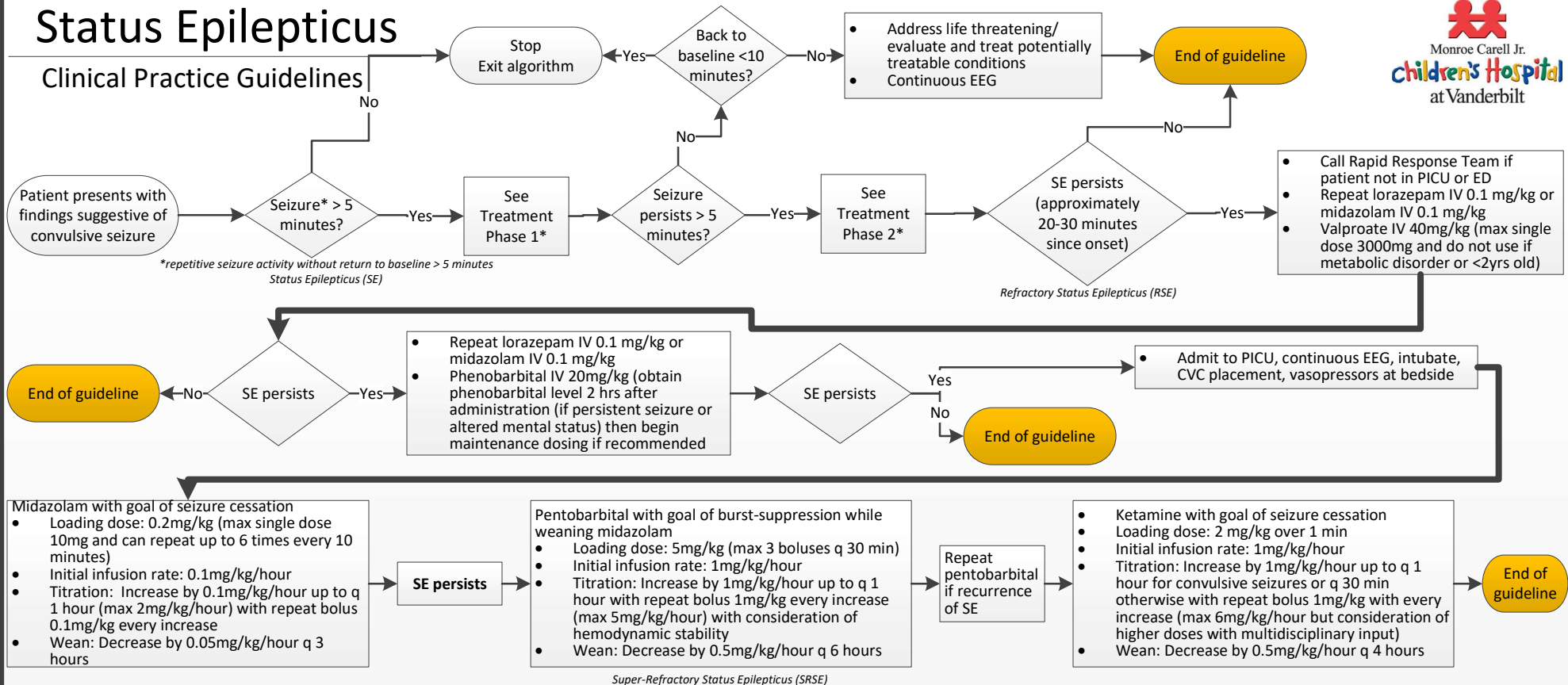


Status Epilepticus

Clinical Practice Guidelines



Inclusion Criteria

- Age > 1 month (corrected gestational age > 44 weeks)
- Generalized convulsive seizure > 5 minutes
- Patients in ED, PICU, floor
- Patients with or without history of epilepsy
- Patients with or without fever

Exclusion Criteria

- Age < 1 month (corrected gestational age < 44 weeks)

Anti-Epileptic Drug Sequence

- Lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg
- Lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg + levetiracetam IV 60mg/kg
- Lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg + fosphenytoin IV 20PE/kg
- Lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg + valproate IV 40mg/kg
- Lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg + phenobarbital IV 20mg/kg
- Refractory Status Epilepticus: midazolam IV continuous infusion to goal of seizure cessation and pentobarbital IV continuous infusion of burst suppression

Treatment Phase 1*

- Establish IV access
- Airway/breathing evaluation and support as needed
- HR/pulse ox monitor and vital signs
 - Oxygen or intubation if necessary
 - Support hemodynamics if necessary
- Fingerstick glucose, BMP, CBC, anti-epileptic drug levels
- Lorazepam IV 0.1mg/kg (max single dose 4mg, may repeat 4 times every 5 minutes)
- OR-----
- Midazolam IV 0.1mg/kg (max single dose 4mg, may repeat 4 times every 5 minutes)
 - If no IV: midazolam (IM/intranasal) 0.2mg/kg (max single dose 10mg)
 - If no IV: midazolam (buccal) 0.5mg/kg (max 10mg)
- If febrile, consider acetaminophen/ibuprofen
- Consult Neurology (unless simple febrile seizure)

Treatment Phase 2*

- Continuous EEG (Neurology resident will order and call EEG technician)
- Address life-threatening/evaluate and treat potentially treatable conditions
 - Hypoglycemia, hyponatremia, hypocalcemia, CNS infection, CNS hemorrhage (consult Neurosurgery if mass effect/increased ICP), intoxication, hypothermia, hypoxia
- Repeat lorazepam IV 0.1mg/kg or midazolam IV 0.1mg/kg
- Levetiracetam IV 60mg/kg (max single dose 4500mg)
 - Start maintenance dosing levetiracetam 40mg/kg/day divided BID 2 hour after load
- OR-----
- Fosphenytoin IV 20PE/kg (max single dose 2000mg)
 - Obtain free phenytoin level 2 hours after administration complete if persistent seizure or altered mental status and start maintenance dose if Neurology recommends
 - Use with caution with suspected intoxication given potential to aggravate arrhythmogenic properties of some other drugs

Special Considerations

- Note that portions of this pathway may be used in the treatment of focal status epilepticus or nonconvulsive status epilepticus (NCSE) with close involvement of Neurology team; increases or decreases in anesthetic infusion rates, and intervals for change dependent on seizure classification
- Please page Neurology team before any increases or decreases in anesthetic infusion rates
- Anesthetic drip weans should be considered after 24-48 hours after seizure cessation