Summary for treatment of status epilepticus for adults and children > 13 kg:

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| ABCs. Start O2. Turn patient on his/her side. Ensure adequate ventilation.  |
| Check vital signs. Ensure adequate ventilation, BP, oxygenation. Pulse oximetry. EKG/telemetry.  |
| Intubate, if necessary (poor oxygenation, labored breathing) |
| Perform neuro exam. Assess for cranial/spine injury if onset of seizure was unwitnessed.  |
| Fingerstick glucose. Electrolytes. CBC. ABG. LFTs. Mg level. Ca level. AED levels. Tox screen. Head CT. call for EEG monitoring.  |
| Large bore IV x 2. NS KVO. |
| Thiamine 100 mg IV before 50 ml 50% dextrose (1 amp D50) |
| Naloxone (Narcan): 0.4 mg IVP |
| First line AED: * Lorazepam (Ativan) 4 mg IV for adults (total dose of 10-15 mg) with BP monitoring, 2 mg IV for children > 13 kg at 2 mg/min OR
* Midazolam (Versed) 10 mg IM for adults, 5 mg IM for children OR (if no IV access)
* Diazepam can be given rectally in Diastat gel formulation (0.2-0.5 mg/kg) – greater resp depression

Repeat dose of benzodiazepine if necessary |
| Second line AED:* Fosphenytoin 15-20 mg/kg @ < 150 mg/min OR
* Phenytoin 15-20 mg/kg @ < 50 mg/min (if no response to loading dose, an additional 10 mg/kg IV may be given after 20 minutes)
* If on PHT and level not known: 500 mg at < 50 mg/min

Infusion rate guidelines must be followed due to significant cardiovascular risk! Monitor BP for hypotension and EKGfor arrhythmias.NB: Fosphenytoin can be infused at a much higher rate than Phenytoin |
| Check phenytoin level 10 minutes after PHT loading dose |
| Alternative second-line AED:* Sodium valproate: 20-30 mg/kg IV bolus (max rate 100 mg/min) OR
* Phenobarbital: 20 mg/kg IV (50-100 mg/min) [A repeat dose of 25-30 mg/kg can be given 10 minutes after first dose]
* Levetiracetam (Keppra): 20 mg/kg IV bolus over 15 minutes
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| If seizures continue > 30 minutes and are refractory to 1st and 2nd line AEDs: intubate in ICU and begin continuous infusion therapy of:* Midazolam: 0.2 mg/kg IV loading dose followed by 0.2-0.6 mg/kg/hr OR
* Propofol: 2 mg/kg IV loading dose followed by 2-5 mg/kg/hr
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| If seizures persist, ensure that correctable conditions have been ruled-out and/or treated |
| Pentobarbital: 5 mg/kg IV followed by 1-5 mg/kg/hr – goal is burst suppression on EEG |
| NB: paralytics stop the visible manifestations of the seizure (may be useful for intubation), but do not stop abnormal electrical brain activity or the neurological damage that results |