

Status Epilepticus Algorithm

Pre-Arrival

Prepare equipment:

- Non-rebreather, BVM
- Suction, oral/nasal airway, pulse ox
- IV, mucosal atomizer, IO, iStat and Dstix
- Medications

Ongoing seizure > 5 minutes
 Recurrent seizure without return to baseline mental status

5 min 10 min 20 min 30 min

Seizure	Status Epilepticus	Early Refractory SE	Refractory SE	Established SE
<p>Anti-epileptics <u>Lorazepam (Ativan)</u> OR 0.1 mg/kg IV/IM (max 4mg) <u>Midazolam (Versed)</u> OR 0.1 mg/kg IV (max 4mg) 0.2 mg/kg IN 13-40kg:5mg IM, >40kg:10mg <u>Diazepam (Valium)</u> 2-5yo 0.5 mg/kg PR 6-11yo 0.3 mg/kg PR ≥12yo 0.2 mg/kg PR (max 20) Diagnostics / Therapeutics Airway, oxygen, pulse ox Glucose, iStat (Na, Ca) Tx hypertension, fever IV access (or IO)</p>	<p>Anti-epileptics <u>Repeat benzodiazepine</u> q 5min up to 2 more doses <u>Fosphenytoin</u> OR 20-30 mg/kg PE (max 1gm) IV (150mg/min) <u>Phenytoin</u> 20-30mg/kg (max 1 gm) IV (50mg/min) Diagnostics / Therapeutics Consider ingestions (INH, TCA, ETOH) Chem panel incl Mg, PO4 Anti-epileptic drug levels CBC, LFTs, coags, Utox, ICON Consider neurology consult</p>	<p>Anti-epileptics <u>Levetiracetam (Keppra)</u> 20-60 mg/kg (max 3gm) IV at 5mg/kg/min <u>Valproate</u> 20-40 mg/kg IV at 5mg/kg/min (avoid in patients with liver disease, thrombocytopenia, metabolic disorder) Diagnostics / Therapeutics Consider head CT Consider lumbar puncture EKG Neurology consult</p>	<p>Anti-epileptics <u>Phenobarbital</u> 20-40 mg/kg IV at 2mg/kg/min <u>Consider empiric pyridoxine</u> If < 2yo, 100mg IV <u>Consider empiric thiamine & glucose</u> If suspect ETOH abuse, thiamine 100mg IV Diagnostics / Therapeutics Prepare to intubate Admit PICU Consider central line Arrange continuous EEG</p>	<p>Coma induction <u>Midazolam</u> 0.2 mg/kg (max 10mg) IV then infusion 0.1 mg/kg/hr <u>Pentobarbital</u> 5 mg/kg IV then infusion 0.5mg/kg/hr Add-on options <u>Ketamine</u> 1.5 mg/kg IV, then infusion at 1 mg/kg/hr <u>Propofol</u> 2 mg/kg IV, then infusion <i>in adults only</i> 1 mg/kg/hr, titrate up to effect* <u>General anesthesia</u></p>

*Risk of propofol infusion syndrome in children