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

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*Risk of propofol infusion syndrome in children