



Blank Children's
Hospital
UnityPoint Health

UNITYPOINT TRANSFER CENTER:

1-800-806-1787

ED Status Epilepticus Management Guideline

Status epilepticus definition: Continuous seizure activity for more than 30 minutes OR two or more sequential seizures without full recovery of consciousness between seizures

STABILIZATION PHASE (0-5 MINUTES)

- Stabilize patient focusing on ABCs and neurological exam
- Apply monitors
- Time seizure from its onset; collect history from caregivers
- Assess oxygenation, give oxygen via nasal cannula/mask; consider intubation if respiratory assistance is needed. Continuous re-assess airway patency and maintenance.
- Attempt IV access and collect labs (CMP, CBC, others as indicated). Obtain antiepileptic drug levels if relevant. Consider toxicology screen.
- If IV cannot be obtained and patient is critical, consider IO placement.
- Glucose check. If glucose <60mg/dl, treat with 5ml/kg of D10W IV/IO (max 250ml)

Seizure continues?

INITIAL THERAPY PHASE (5-20 MINUTES)

A BENZODIAZEPINE IS THE INITIAL THERAPY OF CHOICE. CHOOSE ONE OF THE FOLLOWING:

- IV access:
 - IV lorazepam (0.1mg/kg/dose, max 4mg/dose, may repeat dose once)
 - IV diazepam (0.2mg/kg/dose, max 10mg/dose, may repeat dose once)
- NO IV access:
 - IM OR IN midazolam (0.2mg/kg, max 10mg/dose, single dose only)

Seizure continues?

SECOND THERAPY PHASE (20-40 MINUTES)

THERE IS NO EVIDENCE BASED PREFERRED SECOND THERAPY OF CHOICE.

- Choose one of the following second line options and give as a single dose
 - IV fosphenytoin (20mg PE/kg, max 1500mg PE/dose, single dose) OR
 - IV levetiracetam (60mg/kg, max 4500 mg/dose, single dose)
- **If child is < 6 months of age:**
 - IV phenobarbital (20mg/kg, max 1000mg, single dose)
- If none of the options above are available, may give IV phenobarbital (20mg/kg, max 1000mg, single dose) even if > 6 months of age

Seizure continues?

THIRD THERAPY PHASE (40-60 MINUTES)

THERE IS NO CLEAR EVIDENCE TO GUIDE THERAPY IN THIS PHASE.

- Patient needs pediatric neurology expertise, continuous EEG monitoring, and ICU level of care.
- Choices include: repeat second line therapy or anesthetic doses of either midazolam, pentobarbital, or propofol.