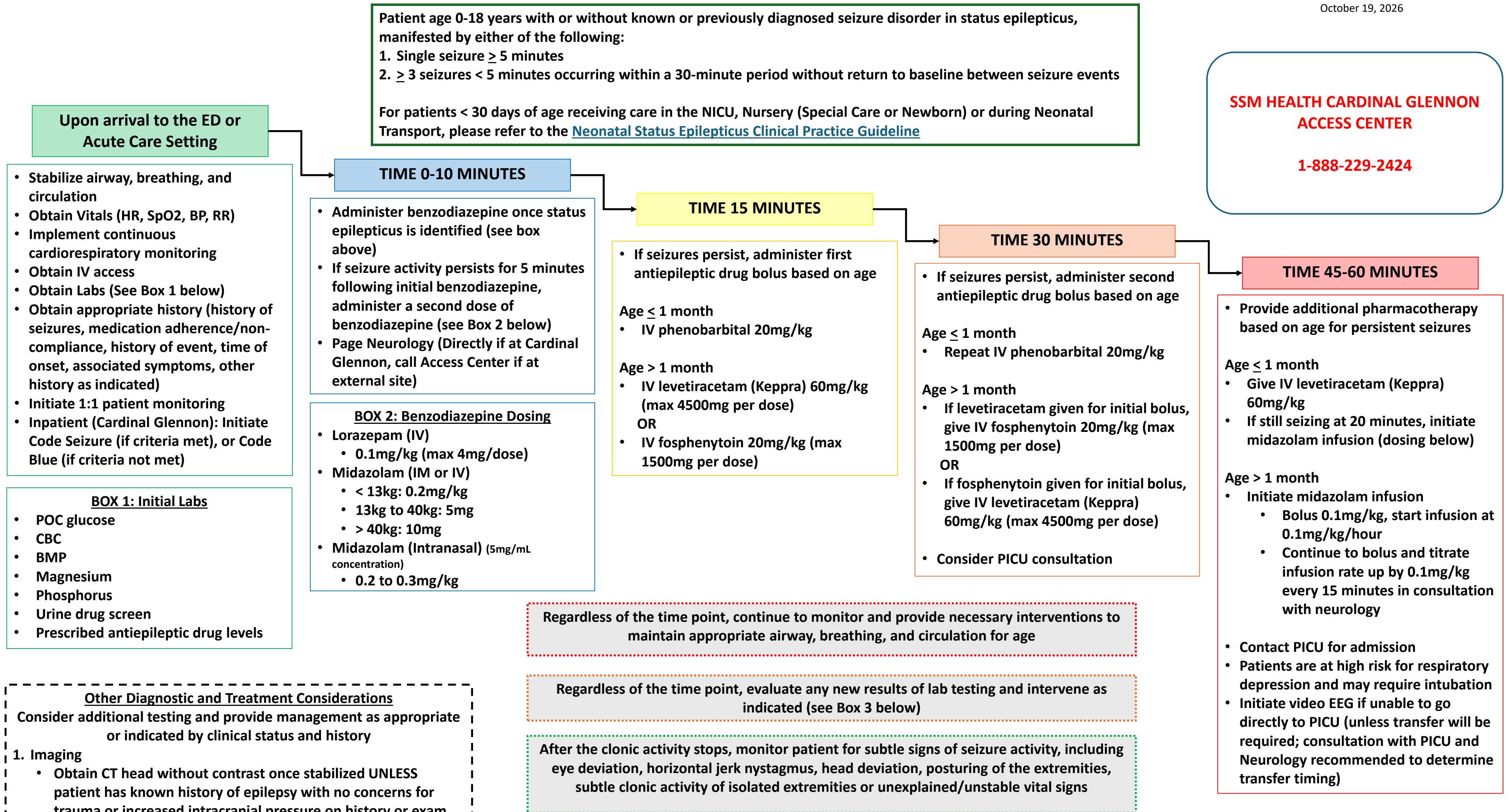


Evaluation and Management of Status Epilepticus in the Emergency Department or Acute Care Setting (Non-NICU/Nursery) Clinical Practice Guideline



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BOX 3: Treatment of Electrolyte Derangements Throughout the Guideline

Condition		Treatment threshold	Recommended Treatment
Hypoglycemia	Age ≤ 1 month	< 40mg/dL	4mL/kg IV D10W, start continuous dextrose IVF infusion
	Age > 1 month	< 60mg/dL	5mL/kg IV D10W (100mg/mL, 0.5g/kg) OR 2mL/kg IV D25W (250mg/mL, 0.5g/kg) * For children ≥ age 16 and history of alcohol abuse, give 100mg Thiamine IV prior to glucose administration
Hyponatremia		Serum sodium < 130	5mL/kg 3% Sodium Chloride IV
Hypomagnesemia		Serum magnesium < 1.5 mg/dL	25-50mg/kg IV Magnesium sulfate over 20 minutes (maximum 2000mg)
Hypocalcemia		Serum calcium < 7 mg/dL	10% Calcium gluconate 100mg/kg (diluted 1:1 with D5W), given over 10 minutes

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Approved by the SSM Health Pediatric
Clinical Practice Guidelines Committee:
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GUIDELINE AIM

- Minimize unnecessary variations in the evaluation and management of status epilepticus in pediatric patients
- Promote timely evaluation and interventions to abort status epilepticus and optimize patient safety and outcomes

GUIDELINE AUTHORS (DEPARTMENT):

Sean Goretzke, MD (Pediatric Neurology)
Katie Rodriguez, MD (Pediatric Critical Care)

SSM Pediatric Clinical Practice Guidelines Sub-Committee Chair:

Andrew Ellis, MD

SSM Pediatric Clinical Program Chair:

Andrew J. White, MD

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GUIDELINE DISCLAIMER

This guideline was developed by the listed authors using publicly available evidence and expert opinion and is approved for clinician use in the SSM Health System by the listed committees. The guideline is intended for use by providers treating pediatric patients and may broadly be applied to the majority of patients being treated for the addressed condition(s). The guideline is not meant to replace clinical judgement in individual cases, and care must be taken to address the needs of each individual patient and family to ensure appropriate, timely, and quality care is provided in each clinical encounter. As medicine is always changing and evolving, SSM Health, the listed authors and committees, and any other party involved in the authorship and distribution of this guideline is not responsible for errors, omissions, or outcomes related to clinician use of the guideline.