

Status Epilepticus

**Emergency Department Management
Clinical Practice Guideline (CPG)**

**Protocol approved by: Divisions of Pediatric Emergency Medicine and Neurology
Date of approval: 11/2008**

Emergency Department Management of Status Epilepticus Clinical Practice Guideline

Patients should have continuous 1:1 visual monitoring for documentation of seizure activity. After the clonic activity stops, monitor patient for subtle signs of seizure activity including eye deviation, horizontal jerk nystagmus, head deviation, posturing of extremities, or subtle clonic activity of isolated extremities.

All Children:

Time 0: Time at presentation to ER

- Check ABC's of care, address as needed.
- Place pulse oximeter, telemetry leads
- Administer lorazepam 0.1 mg/kg IV x 1
- Send levels for preexisting prescribed Anti Epileptic Drugs (AEDs)
- Obtain bedside glucose
- Send glucose, electrolytes, magnesium, and calcium levels, with other cultures and labs, as indicated.
- Page the neurology resident

Time 5 minutes: Repeat lorazepam dose, administer glucose if normal serum glucose is not verified.

For children 12 months of age and older:

10 minutes: fosphenytoin 20 mg/kg IV x 1 over 10 minutes. If the patient is already on phenytoin, see protocol below ¹.

If this fails, give an additional 5mg/kg of fosphenytoin over 5 minutes and page the neurology attending. Some situations may warrant an alternate treatment as determined by the neurology attending². If unable to reach attending, proceed with the default phenobarbital protocol below.

25 minutes: Phenobarbital 20 mg/kg x 1

35 minutes: Phenobarbital 10 mg/kg x 1

45 minutes: If above fails, induction of pentobarbital coma under the supervision of neurology attending or ICU attending. Page the EEG technician on call.

For Children younger than 12 months of age:

10 minutes: Phenobarbital 20 mg/kg x 1 Page the neurology resident.

20 minutes: Phenobarbital 10 mg/kg x 1

30 minutes: Phenobarbital 10mg/kgx1

40 minutes: Fosphenytoin 20 mg/kg x 1. Page the neurology attending.

50 minutes: If above fails, begin induction of pentobarbital coma under supervision of neurology attending or ICU attending and page the EEG technician on call. Consider a trial of pyridoxine.

1. For patients older than 12 months, dosing of fosphenytoin depends level of phenytoin obtained at presentation, with target level of 20. For example, with a level obtained of 8, give 12 mg/kg for level of 20. (1 mg/kg IV should increase the blood level by 1).

2. Alternate protocol under neurology supervision-Depacon (IV valproate) 25mg/kgx1, may repeat once after 15 minutes