

Status Epilepticus Care Guideline

Inclusion Criteria: Children \geq 1 month of age who have been seizing for $>$ 5 minutes. (Status epilepticus is defined as a seizure that lasts for $>$ 30 minutes or recurrent seizures without full recovery between seizures for $>$ 30 minutes)

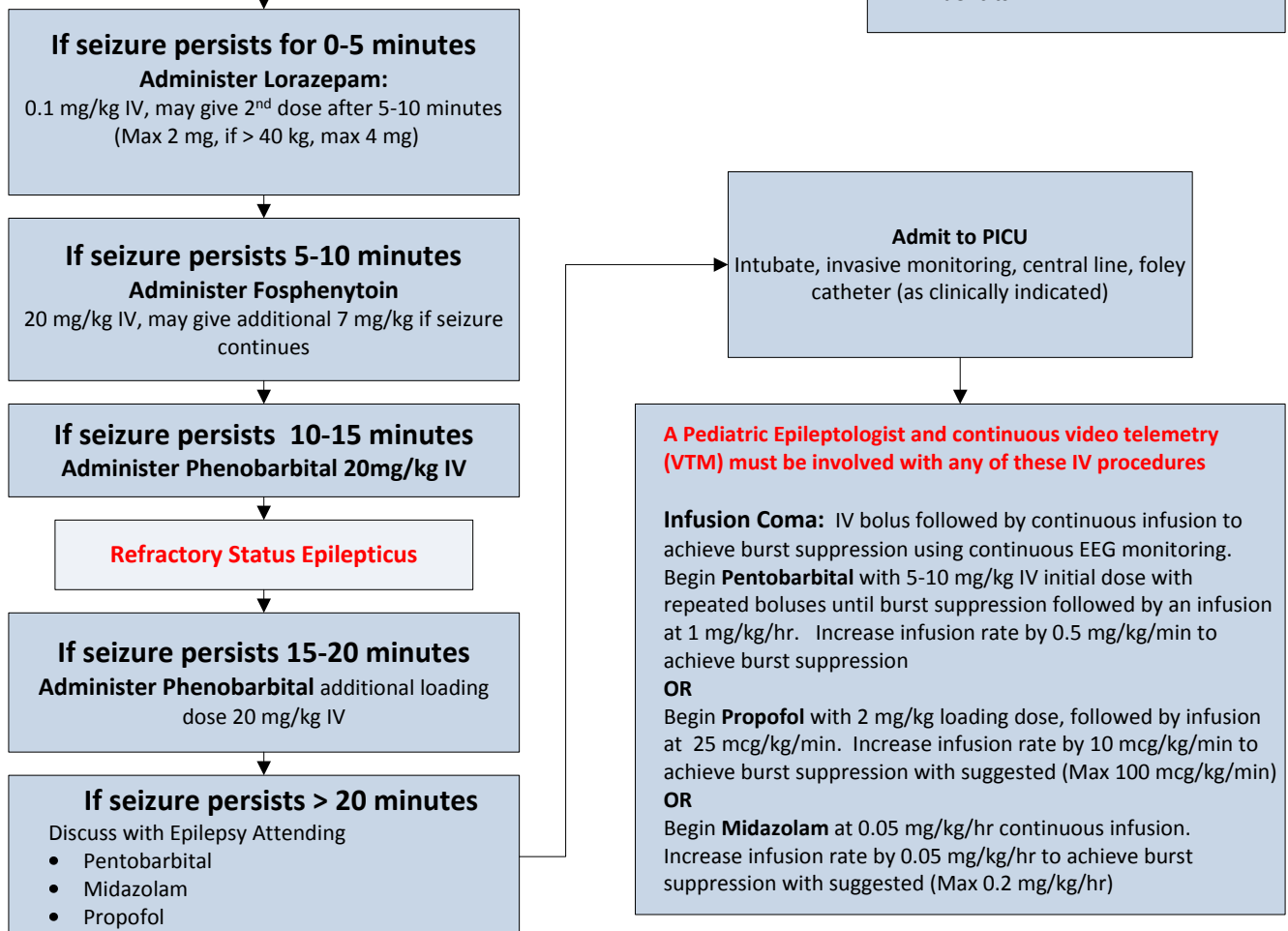
Exclusion Criteria: Children $<$ 1 month of age

Immediate Assessment/Intervention

- Initiate airway support (insert nasal airway or intubate if necessary), begin nasal oxygen
- Vital signs, temperature, continuous cardio-respiratory monitor
- Obtain history, perform neuro exam
- Establish IV line, begin isotonic saline infusion at a low rate
- Consider 50% glucose IV and Thiamine IV or IM in an older child
- Lab (prior to any antiepileptic drug, if possible): electrolytes, CMP, magnesium, toxicology screen, ABG, blood glucose (do not delay antiepileptic drug administration)
- If patient is already on antiepileptic drug obtain STAT level of the drug then load with IV form (if IV form is available)
- Remain NPO and initiate seizure precautions
- If new onset, consider basic metabolic work up: urine organic acids qualitative, serum acetoacetate, lactic acid, pyruvate level, carnitine free and total, acylcarnitine profile
- Notify Neurology as soon as possible, general neurology team will notify Epilepsy attending to start VTM if indicated
- Arrange for PICU admission

Recommendations/Considerations

- Most seizures in children $>$ 5 minutes will last for at least 30 minutes; therefore it is recommended that seizures lasting $>$ 5 minutes be treated as status epilepticus
- The underlying cause of status epilepticus is considered to be the most important determinant of outcome; the morbidity may be less in those with febrile and unprovoked status epilepticus
- Children treated more aggressively and those with shorter episodes of status epilepticus are less likely to develop subsequent neurological deficits



References

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