**Status Epilepticus Care Guideline**

**Inclusion Criteria:** Children ≥ 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

**If seizure persists for 0-5 minutes**
**Administer Lorazepam:**
0.1 mg/kg IV, may give 2nd dose after 5-10 minutes
(Max 2 mg, if > 40 kg, max 4 mg)

**If seizure persists 5-10 minutes**
**Administer Fosphenytoin**
20 mg/kg IV, may give additional 7 mg/kg if seizure continues

**If seizure persists 10-15 minutes**
**Administer Phenobarbital 20mg/kg IV**

**Refactory Status Epilepticus**

**If seizure persists 15-20 minutes**
**Administer Phenobarbital** additional loading dose 20 mg/kg IV

**If seizure persists > 20 minutes**
Discuss with Epilepsy Attending
- Pentobarbital
- Midazolam
- Propofol

**Admit to PICU**
Intubate, invasive monitoring, central line, foley catheter (as clinically indicated)

**A Pediatric Epileptologist and continuous video telemetry (VTM) must be involved with any of these IV procedures**

**Infusion Coma:** IV bolus followed by continuous infusion to achieve burst suppression using continuous EEG monitoring.
Begin **Pentobarbital** with 5-10 mg/kg IV initial dose with repeated boluses until burst suppression followed by an infusion at 1 mg/kg/hr. Increase infusion rate by 0.5 mg/kg/hr to achieve burst suppression
OR
Begin **Propofol** with 2 mg/kg loading dose, followed by infusion at 25 mcg/kg/min. Increase infusion rate by 10 mcg/kg/min to achieve burst suppression with suggested (Max 100 mcg/kg/min)
OR
Begin **Midazolam** at 0.05 mg/kg/hr continuous infusion. Increase infusion rate by 0.05 mg/kg/hr to achieve burst suppression with suggested (Max 0.2 mg/kg/hr)

Approved Evidence Based Medicine Committee 6-20-12, revised 11-25-15

Reassess the appropriateness of Care Guidelines as condition changes and 24 hours after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The provider should deviate from the guideline when clinical judgment so indicates.
References

Status Epilepticus Care Guideline


