

Medical University of South Carolina Children's Hospital Center for Evidence-Based Practice Clinical Algorithm for Pediatric Status Epilepticus* in patients > 30 days old

*Status Epilepticus is defined as the presence of seizure lasting ≥5 minutes Initial clinical findings OFF Algorithm Begin suggestive of prolonged seizures (≥5 minutes) Yes Order point of care glucose Yes Pt received pre-Yes -No hospital benzo IV access No IV access **Initial Emergent Initial Emergent Initial Emergent Initial Emergent** Therapy: Therapy: Therapy: intranasal Therapy: intranasal IV lorazepam IV lorazepam midazolam (0.2 mg/kg; midazolam (0.2 mg/ (0.1 mg/kg; Max (0.1 mg/kg; Max Max 10mg) OR rectal kg; Max 10mg) OR 4mg) 4mg) diazepam (age & rectal diazepam (age weight-based dosing) & weight-based EEG may be dosing) considered for new onset or unprovoked Seizures stop Seizures stop Seizures stop seizure. **Yes** w/in 5 min w/in 5 min w/in 5 min AED levels and toxicology testing should be Yes No. considered. No No Administer 2nd dose EEG may be considered for new Administer 2nd intranasal midazolam onset or unprovoked seizure. dose of Seizures stop (0.2 mg/kg; Max AED levels and toxicology testing Iorazepam w/in 5 min 10mg) OR rectal should be considered. (0.1 mg/kg; Max diazepam (age & 4mg) weight-based dosing) **Urgent Control Therapy:** Yes IV fosphenytoin (20mg PE/kg; Max 1g) Consult neurology and activate MET. Check venous blood gas levels. EEG may be considered for new onset or unprovoked seizure. Administer 2nd dose of AED levels and toxicology testing Seizures stop IV fosphenytoin (10mg PE/kg; w/in 5-10 min of should be considered. Yes Max 1g) infusion completion Check venous blood gas levels. Admit to observe for decline in clinical Seizures stop status. EEG may be considered for new w/in 5-10 min of onset or unprovoked seizure. AED levels infusion completion and toxicology testing should be considered. Yes Administer IV valproate Seizures stop w/in (20mg/kg), if not available IV Refractory Therapy: Continuous IV midazolam OR 60 min of initiation Keppra (20mg/kg; Max 2g) pENTObarbitol drip. Consider using ketamine only after failure of at least 2 AEDs. Admit to PICU. Place -No advanced airway. Notify neurology to facilitate

continuous EEG and monitor AED levels.