



Status Epilepticus in Emergency Department

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DATE ____/____/____ TIME ____
 DD MM YYYY

BSA _____ M2

WEIGHT: _____ KG HEIGHT: _____ CM

ALLERGY CAUTION sheet reviewed

Patient Care

▶ **Manage Airway, Breathing, Circulation**

- Glucose, blood, point-of-care measurement
- Peripheral IV Insertion

Vital Signs

- Pulse oximetry
- Cardiac monitor

Medications

▶ **Retrieve Seizure Kit from Automated Dispensing Cabinet (Omniceil)**

▶ **If IV/IO access:**

- LORazepam _____ mg (0.1 mg/kg/dose) IV/IO push once over 30 to 60 seconds (Maximum: 4 mg/dose)
 May repeat every 5 minutes. Maximum: 3 doses
- diazePAM _____ mg (0.3 mg/kg/dose) IV/IO push once over 3 minutes. (Maximum: 5 mg/dose in patients LESS than 5 years and 10 mg/dose in patients GREATER than or EQUAL to 5 years) May repeat every 5 minutes. Maximum: 3 doses
- midazolam _____ mg (0.1 mg/kg/dose) IV/IO push once over 2 to 3 minutes. (Maximum: 8 mg/dose)
 May repeat every 5 minutes. Maximum: 3 doses
- phenytoin _____ mg (20 mg/kg/dose) IV/IO once over 20 minutes. (Maximum: 1500 mg/dose)
- PHENobarbital _____ mg (20 mg/kg/dose) once IV/IO over 20 minutes (Maximum: 40 mg/kg total doses)

▶ **If no IV/IO access:**

- midazolam _____ mg (0.2 mg/kg/dose) intranasally with atomizer once (Maximum: 10 mg/dose)
 May repeat every 5 minutes. Maximum: 3 doses
- midazolam _____ mg (0.2 to 0.3 mg/kg/dose) buccally once (Maximum: 10 mg/dose) May repeat every 5 minutes. Maximum: 3 doses
- diazePAM _____ mg (0.5 mg/kg/dose) rectally once (Maximum: 10 mg/dose for patients LESS than 5 years; Maximum: 20 mg/dose for patients GREATER than or EQUAL to 5 years) May repeat every 5 minutes. Maximum: 3 doses
- fosphenytoin _____ mg (20 mg PE/kg/dose) IM once (Maximum: 1000 mg PE/dose). May give additional load of 5 to 10 mg PE/kg/dose IM after 10 mins if not resolved
- paraldehyde *Special Access Drug*
- paraldehyde _____ mL (0.3 mL/kg/dose) rectally once (Maximum: 5 mL paraldehyde) diluted 1:1 in mineral oil (in same volume of mineral oil)

Signature: _____

Print Name: _____

College ID: _____

Pager: _____



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▶ If seizure has not stopped after 2 doses of benzodiazepines and long acting antiepileptic medication proceed to Rapid Sequence Intubation (RSI) and midazolam infusion

▶ Once midazolam infusion started consult neurology

▶ ***MIDAZOLAM INFUSION***

midazolam _____ mg (0.1 mg/kg/dose) IV STAT loading dose over 2 to 3 minutes. (Maximum: 8 mg/dose)

▶ THEN

midazolam _____ mcg/kg/h continuous intravenous infusion (start at 120 mcg/kg/h and titrate upwards by 60 mcg/kg/h every 5 minutes until seizure is controlled. (Maximum: 1440 mcg/kg/h)

levETIRAcetam *Special Access Drug requires Neurology approval*

levETIRAcetam _____ mg (40 to 60 mg/kg/dose) IV once (Maximum: 3000 mg/dose)

valproic acid *Special Access Drug requires Neurology approval*

valproic acid _____ mg (20 to 40 mg/kg/dose) IV once (Maximum: 3000 mg/dose)

Laboratory

Complete blood cell count with automated white blood cell differential

Sodium level, serum

Potassium level, serum

Chloride, serum

Bicarbonate level

Calcium level, serum, total

Magnesium (Mg) level, serum

Glucose, serum, random

Blood gas, venous

Culture, blood

Other _____

Phenytoin level, total

stat (if on phenytoin)

1 hour post loading dose

Phenobarbital level

stat (if on phenobarbital)

1 hour post loading dose

Carbamazepine level

stat (if on Carbamazepine)

Valproic acid level, total

stat (if on Valproic Acid)

2 hours post load

Consults

PICU

Neurology

Signature: _____

Print Name: _____

College ID: _____

Pager: _____