

CLINICAL PATHWAY: Status Epilepticus Management

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

Inclusion Criteria: Patients >1 month of age presenting with seizure lasting >5 minutes
Exclusion Criteria: <1 mo old; hyponatremia, hypoglycemia, sodium channelopathies (SCN1), traumatic brain injury, previous initiation of this pathway within 24 hours

***At all times, consider differential diagnoses and the following:**

- Head imaging (MRI preferred over CT)
- Infectious etiologies: blood/urine/CSF cultures, viral PCR, antimicrobials

Stabilization Phase (0-5 minutes from initial presentation)

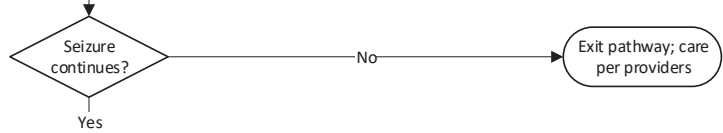
- Stabilize patient (per Pediatric Advanced Life Support – PALS) – Circulation, Airway, Breathing
- Place in lateral decubitus position (unless supine required to maintain airway)
- Monitor vitals (place EKG leads, pulse oximeter, blood pressure)
- If SpO2 <92%: O2 via Oxymask

Obtain labs/Initial Management*

- Attempt IV access
- Fingerstick glucose
 - If glucose <60: Give 5 ml/kg of D10 and treat off pathway
- Istat chem 8, STAT Mg/Phos to lab, STAT CBC
 - If hyponatremic, treat off pathway
- If appropriate: blood culture, toxicology, anticonvulsant drug levels

Obtain history*

- Collect seizure history from guardian/chart
- Initial seizure onset and duration
- Amount of seizure medication given by EMS or outside hospital (this will be considered the “first dose” of benzodiazepine)



Initial Therapy Phase (within 5-20 minutes from initial presentation)

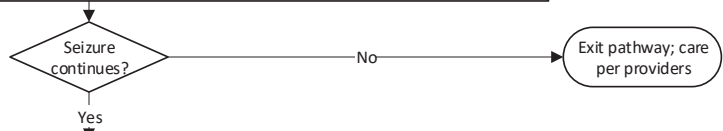
- Benzodiazepine is initial therapy of choice.
- Consider any benzodiazepine given by EMS or outside hospital as the “first dose” of benzodiazepine
- Patient to receive a total of **two** benzodiazepine doses prior to moving to the “second therapy phase”.
- See [Appendix A](#) for Omnicell availability by location.

WITH IV access:

- **Lorazepam (Ativan) IV:** 0.1 mg/kg/dose (max 4 mg/dose). May repeat once after 5 minutes OR
- **Diazepam (Valium) IV:** 0.15-0.2 mg/kg/dose (max 10 mg/dose). May repeat once after 5 minutes

WITHOUT IV access, consider:

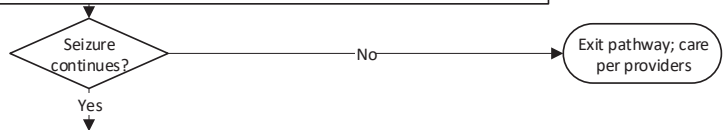
- **Midazolam (Versed) Intranasal:** 0.2 mg/kg; 5 mg for 13-40 kg; 10 mg for >40 kg. Max 1 mL/nare to be given at a time.
 - Can repeat additional 1 mL/nare after 5 minutes based on dose required. May repeat total dose once after 5 minutes.
- **QB, if unable to place PIV access:** see [Venous Access Clinical Pathway](#) or consider IO placement per primary team.



Second Therapy Phase (within 20-40 minutes from initial presentation)

- Order medications **STAT** and contact Neurology via Intellidesk
- Choose **one** of the following and give as a single dose. Note:
 - If patient is already receiving one of the following as a home medication please select that medication for this phase of care
 - Loading doses do not change if home medication already given per usual schedule
 - If seizure continues after one dose of a second therapy agent, give one dose of a different therapy agent.

- **Levetiracetam (Keppra) IV:** 60 mg/kg (max 4000 mg/dose) x1
- **Fosphenytoin IV:** 20 mg PE/kg (max 1500 mg PE/dose) x1 [Exclude patients with SCN1]
- **Valproic acid (Depakote) IV:** 40 mg/kg (max 3000 mg/dose) x1 [*≤2 yrs old: use only with neurology approval*]
- **Lacosamide (Vimpat) IV:** 10 mg/kg (max 400 mg/dose) x 1



Refractory Phase (40+ minutes from initial presentation)

Admit to PICU for refractory status epilepticus management

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CLINICAL PATHWAY:
Status Epilepticus
Appendix A: Omnicell Medication Availability by Location

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Medication	MS7A	ED	PICU
Levetiracetam 100 mg/ml 5ml injection	•	•	•
Diazepam Rectal gel 2.5 mg, 10 mg, 20 mg	•		
Diazepam 5 mg/1mL 2 mL syringe (IV formulation per rectum)	•	•	•
Lacosamide 10 mg/ml 10 or 20 ml injection	•	•	•
Phenobarbital 65 mg/ml 1 ml injection	•	•	•
Fosphenytoin 500 mg/10ml injection	•	•	•
Lorazepam 2 mg/1ml injection	•	•	•
Midazolam 5 mg/1ml injection	•	•	•

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