

Status Epilepticus Management

Interventions for Emergency Department, in-patient setting or prehospital setting with trained Paramedics

Time Line

0-5 min
Stabilization
phase

1. Stabilise patient (ABCD-neurological exam, temperature)
2. Time seizure from its onset, monitor vital signs (ECG, Pulse Oximetry)
3. Assess oxygenation, give O₂ via nasal/mask, consider intubation if respiratory assistance needed
4. Collect finger stick blood glucose. If glucose is < 2.8 mmol/L then:
In children 2mls/kg 10% Dextrose (repeat BGM every 20min)
5. Evaluate for sepsis/meningitis/head trauma
6. Attempt IV/IO access and collect blood tests: electrolytes, haematology, toxicology screen, blood culture, anticonvulsant drug level (if appropriate)
7. Treat fever (paracetamol 15 mg/kg PR); start IV antibiotics ASAP if indicated

YES

Does Seizure continue?

NO

Maintain monitoring, ventilatory support, and vascular access. Consider RSI

Choose **1** of the following **3** equivalent first line option with dosing and frequency:

- **IV Diazepam** (0.3 mg/kg/dose, max: 10mg/dose, **may repeat dose once after 5 – 10 minutes**) **OR**
- **IM Midazolam** (0.2 mg/kg/dose; (maximum dose: 6 mg) **may repeat dose after 10 minutes**
- **IV Lorazepam** (0.1 mg/kg/dose, max: 4mg/dose, **may repeat dose once after 5 – 10 minutes**)

If none of the options above are available, choose **1** of the following:

- **Rectal Diazepam** (1month–2yrs 5 mg, 2-11yrs 5-10 mg, 12-18yrs 10-20 mg Repeat after 10 min or give 2nd dose IV) **OR**
- **Buccal Midazolam** 3 m–1 yr 2.5 mg 1–5 yrs 5 mg; 5–10 yrs 7.5 mg; 10–18 years 10 mg, (repeat once after 10 minutes if necessary)

If patient at baseline, then symptomatic medical care

5-20 min
Initial
therapy
phase

YES

Does Seizure continue?

NO

There is no evidence based preferred second therapy of choice

Choose one of the following second line options and give a single dose:

- **IV Phenytoin** (20 mg/kg (max. 1 mg/kg/min) with ECG and BP monitoring) **OR**
- **IV Valproic Acid** (20-30 mg/kg)

If neither of the above is available, choose **IV Phenobarbital** (20 mg/kg, max dose)
Expect respiratory depression

If patient at baseline, then symptomatic medical care

20-40 min
Second
therapy
phase

YES

Does Seizure continue?

NO

There is no clear evidence to guide therapy in this phase (discuss with Neurologists)

Choices include: Repeat **2nd line therapy** or Valproic Acid after Phenytoin or anaesthetic doses of either **Thiopental, Midazolam, Phenobarbital or Propofol** (all with continuous ECG monitoring)

If patient at baseline, then symptomatic medical care

40-50 min
Third
therapy
phase