PEDIATRIC EMERGENCY DEPARTMENT CLINICAL GUIDELINE: STATUS EPILEPTICUS

0-5 minutes
- Airway, Oxygen, Monitor, Call for assistance
- Establish IV access
- Check glucose → treat hypoglycemia if present
- Check electrolytes and AED* levels if appropriate
- Administer Lorazepam 0.1 mg/kg IV (2mg/dose max)
- If no IV access, administer IM or PR meds while establishing IV
  - Midazolam (Versed®) 0.1mg/kg IM/PR
  - Valium (Diastat®) (supplied in 2.5mg, 5mg, 10mg, 15mg, 20mg rectal syringes)
    - 1-5yr = 0.5mg/kg
    - 6-11yr = 0.3mg/kg
    - 12+yr = 0.2mg/kg
- Complete history and physical examination of patient

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6-15 minutes
- Repeat lorazepam 0.1 mg/kg IV (2mg/dose max)
  - may repeat as needed every 5-10 min
- Administer long-acting AED:
  - Fosphenytoin 20mgPE‡/kg IV over 10min, or
  - Phenobarbital 20/kg IV over 20min (preferred for <1 yr)
  - If Juvenile Myoclonic Epilepsy (JME), do not use fosphenytoin or phenobarbital, instead start infusion of Valproate (Depacon®) 20mg/kg IV over 1hr, and obtain immediate neurology consult

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16-30 minutes
- If seizure continues 15 minutes after completing long-acting AED load, give an additional 10mg PE/kg fosphenytoin, or 10mg/kg phenobarbital IV, whichever was used first.
- If after total 30mg PE/kg fosphenytoin or 30mg/kg of Phenobarbital seizures persist, load with the second long-acting AED that was not used initially (20mg/kg IV) and obtain emergency neurology consult.

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> 30 minutes
- If seizures persist, coordinate care with neurology and the PICU.
- If unsure whether seizures have stopped, and patient has not returned to baseline status, consult neurology and arrange for emergent EEG.

* AED = Antiepileptic Drug; ‡ PE = Phenytoin Equivalents
PEDiATRIC EMERGENCY DEPARTMENT CLINICAL GUIDELINE:
STATUs EPILEPTICUS MEDICATIONS

Diazepam PR (Diastat®)
Dose:  
1-5yrs = 0.5 mg/kg/dose  
6-11yrs = 0.3 mg/kg/dose  
> 12yrs = 0.2 mg/kg/dose  
* Round to the nearest package size of 2.5, 5, 10, 15, or 20 mg dose
Available: 5mg and 10mg rectal syringes
Administration:  
Gently insert syringe and slowly push plunger  
Hold in place for count of 3  
Take out syringe and hold for count of 3

Lorazepam IV (Ativan®)
Dose:  0.05 – 0.15 mg/kg/dose (max 2 mg/dose)
Available: 2 mg/ml (1 ml vial)
Dilution: May dilute with equal amount of NS to 1 mg/ml
Administration: Not to exceed 2 mg/min. Give slowly over 1-2 minutes

Midazolam IV (Versed®)
Dose:  0.05 – 0.1 mg/kg/dose (max 2 mg/dose)
Available: 1 mg/ml (2 ml vial); 5 mg/ml (2 ml vial)
Dilution: May dilute with equal amount of NS
Administration: Not to exceed 2 mg/min. Give slowly over 1-2 minutes

Fosphenytoin IV (Cerebyx®)
Dose:  20 mg/kg loading dose in status epilepticus  
10 mg/kg additional dose if continues 15 min after initial load
Available: 50 mg PE/ml (10 ml vial)
Dilution: Dilute with an equal amount of NS to 25 mg/ml
Administration: Not to exceed 3 mg PE/kg/min to a maximum of 150 mg PE/min

Phenobarbital IV (Luminal®)
Dose:  20 mg/kg loading dose for status epilepticus  
10 mg/kg additional dose if continues 15 min after initial load
Available: 130 mg/ml (1 ml vial)
Dilution: No need to dilute, but ok to dilute in NS if desired

Valproic acid IV (Depacon®)
Dose:  20 mg/kg over 1hr for status epilepticus – drug of choice in JME
Available: 100 mg/ml (5 ml vial)
Dilution: No need to dilute, but ok to dilute in NS if desired

DISCLAIMER:
This clinical guideline has been developed for the purpose of unifying the general emergency care of children with status epilepticus seizures. It is intended to aid, rather than substitute for, professional judgment. It is not intended to serve as a rigid protocol or a written proxy for the standard of care. Failure to comply with this guideline does not represent a breach of the standard of care.

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