

Seizures & Status Epilepticus*

WHAT IS STATUS EPILEPTICUS?

Abnormal electrical impulses



Continuous seizure for >5 min or ≥ 2 in 5 min without return to consciousness



TYPES

Convulsive

- May involve jerking motions, grunting sounds, drooling, and rapid eye movements
- More likely to lead to long-term injury

Nonconvulsive

- May appear acutely confused or look like they're daydreaming
- May have difficulty speaking

TREATMENT TO INITIATE


Airway
(Consider Nasal)

Supplemental Oxygen


1st LINE

Lorazepam
4-8 mg IV
or
Diazepam
5-10 mg IV
or
Midazolam
5-10 mg IV or IM


May repeat x 1 after 5 min


2nd OPTIONS

Levetiracetam
20-60 mg/kg IV
(4500 mg max)

or

Valproate
30-40 mg/kg IV
(3000 mg max)

or

Fosphenytoin
20 mg PE/kg IV


3rd LINE INFUSIONS

Midazolam
0.2 mg/kg load
0.2-2.9 mg/kg/hr

or

Propofol
1-2 mg/kg load
20-80 mcg/kg/min

or

Ketamine
1-2 mg/kg load
2-7 mg/kg/hr

BURST SUPPRESSION

Pentobarbital
5 mg/kg load
1-5 mg/kg/hr



INTUBATE 

ONSET ————— 5 MIN ————— 10 MIN ————— 30 MIN ————— 90 MIN 

DIAGNOSTIC WORKUP

Fingerstick Glucose

- If <60 mg/dl, give 100 mg thiamine IV and then 50 ml D50W IV

Secure IV Access



ASSESS FOR REVERSIBLE CAUSES

- Eclampsia
- Infectious
- Electrolyte disturbances (sodium, calcium, magnesium)
- Imaging for structural cause (CT head, CTA head and neck)

CONTINUOUS EEG

