Seizure & Status Epilepticus (SE) – ED/Inpatient/ICU Clinical Practice Guideline
For Patients > 2months old

Status Epilepticus defined as: (i) continuous clinical and/or electrographic seizure activity > 5 minutes
(ii) recurrent seizure activity without return to baseline in between seizures

**Interventions**
- *Stabilize patient* (airway, breathing, circulation, neurologic exam)
- *Time seizure from its onset, monitor vital signs*
- *Assess oxygenation, give oxygen via nasal canula/ mask, consider intubation if needed*
- *Initiate cardiac and respiratory monitoring*
- *Obtain IV access*
- *If appropriate collect:*
  - CMP, CBC with diff, toxicology screen, AED trough levels
  - Collect finger stick blood glucose
  - If glucose <60mg/dl, administer 5mL/kg D10W IV

- *Monitor for return to baseline level of consciousness.*
- If new onset seizure refer to new onset seizure guideline
- If known seizure disorder contact neurologist as needed
- If does not return to baseline consider admission
- If recurrent seizures: Continue with algorithm at stage II

**Criteria to transport from UC to the ED:**
- Stage I medication did not resolve seizure
- Patient not at baseline mental status
- Respiratory depression and/or concern for airway
- Onset of new symptoms

If patient in ED or Inpatient:
- Consult Neurology/Consider EEG (Inpatient)
- Consider admission to Inpatient or ICU

**Adjunct Second-line options:**
Consider in cases of medication shortage or if patient already on adjunct medication:
- **Valproic acid:** IV, 40mg/kg x 1 dose (only in patients known to take as home medication) Max single dose 3000mg, infuse over 20 min
- **Phenobarbital:** IV, 20mg/kg x 1 dose; Max single dose 1000mg; Infuse over 20 minutes
- **Lacosamide:** IV, 10 mg/kg x 1 dose (max single dose 200-400mg); infuse over 30 min

- If new onset seizure, refer to new onset seizure guideline
- If established patient, follow up with PCP/ Epileptologist/Neurologist
- Consider admission

**Adjunct Third-line Medication Option:**
- **Pentobarbital IV infusion:**
  - 5-10 mg/kg load over 1 hour, then begin infusion at 1mg/kg/hr

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