**ED Status Epilepticus Treatment Guideline**

Guideline intended to provide framework for antiepileptic drug (AED) management for prolonged or persistent seizures. Defined as 5 minutes or more of: (i) clinical or electrographic seizure activity or (ii) recurrent seizure activity without recovery (returning to baseline) between seizures. This is not intended for isolated or frequently repetitive seizures.

### 5-10 Minutes

**First Dose AED** (Antiepileptic Drug)

<table>
<thead>
<tr>
<th>Dose Type</th>
<th>Dose</th>
<th>Route</th>
<th>MAX Single Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam Intranasal or IM</td>
<td>0.2 mg/kg</td>
<td>IM</td>
<td>10 mg</td>
</tr>
<tr>
<td>Diazepam Per Rectum</td>
<td>≤ 5 y.o. and ≥ 15 kg - 0.5 mg/kg PR</td>
<td>PR</td>
<td>6-11 y.o. - 0.3 mg/kg PR</td>
</tr>
<tr>
<td>Lorazepam IM</td>
<td>0.1 mg/kg</td>
<td>IM</td>
<td>4 mg</td>
</tr>
</tbody>
</table>

**ACTION**

Repeat Midazolam, Diazepam or Lorazepam

**Plus Phenytoin IM**

<table>
<thead>
<tr>
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<th>Route</th>
<th>MAX Single Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phenytoin 20 mg/1 kg IV infused over 20 minutes</td>
<td>1000 mg</td>
<td>IV</td>
<td>10 mg/1 kg</td>
</tr>
</tbody>
</table>

**ACTION**

If Phenytoin is not available, continue with **Midazolam Bolus Dose**.

### 10-30 Minutes

**Second Dose AED** (Antiepileptic Drug) along w/ 2nd Agent

<table>
<thead>
<tr>
<th>Dose Type</th>
<th>Dose</th>
<th>Route</th>
<th>MAX Single Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam Bolus Dose</td>
<td>0.15 – 0.30 mg/kg IV</td>
<td>IM</td>
<td>10 mg</td>
</tr>
</tbody>
</table>

**ACTION**

If unable to obtain peripheral access, immediately place IO or CVL.

### Additional Measures

- If intubated or considering admission to the PICU, contact the CHOA transfer center at 5-7778 to discuss admission need with the PICU Physician.

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**If patient has received appropriate dose/route of first AED (or even 2nd) en route via EMS, proceed to the next step**

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**No IV Access**

**Infant < 6 Months With IV Access**

**Patient >/= 6 Months With IV Access**

**Patient Stabilization Always Assess ABCs**

**Airway:**
- Consider rapid sequence intubation: 100% O2, ETCO2 monitoring

**Breathing:**
- Consider BVM

**Circulation:**
- IVF resuscitation
- 2 - IV lines, if possible

**Laboratory Analysis:**
- CBC
- CMP
- AED levels

**Hughes Spalding Transfer Process:**
- Contact CHOA Transfer Center at 5-7778 to arrange transfer to EG or SR PICU

**Urgent Care Transfer Process:**
- Contact CHOA Transfer Center at 5-7778 to arrange transfer to EG or SR Emergency Department

**Other Considerations:**
- Order all medication drips as a “stat” order
- Manage the breakthrough seizures per neurology

**Caution:**
- Avoid Phenytoin for patients with Dravet Syndrome; Use Phenobarbital or Depakote
- Avoid Depakote for patients with mitochondrial disease

**IV Antiepileptics Adjuncts:** (Starting Dose)

- Consider in cases of 2nd line medication shortage or if patient already on adjunct medication

  **Keppra (Levetiracetam):**
  - Loading Dose: 20 mg/kg
  - Maintenance Dose: 10 mg/kg
  - Initial Max Dose: 5000 mg

- **Depacon (Valproate Sodium):**
  - Initial Max Dose: 500 mg
  - (Depacon, Depakote, Valproic Acid)

- **Lexicomp Link**

Developed through the efforts of Children's Healthcare of Atlanta and Physicians on Children's Medical Staff in the interest of advancing pediatric healthcare. This Clinical Practice Guideline is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2016 Children's Healthcare of Atlanta, Inc.