Pediatric Status Epilepticus Treatment Guidelines

UCSF Benioff Children's Hospitals

PHASE	ACTION
0-5 MINUTES Stabilization Phase	▪ Stabilize patient, monitor vital signs ▪ Time seizure from its onset ▪ Maintain airway, intubate if needed. If intubated, place ETCO2 monitor ▪ Collect finger stick blood glucose and treat as needed ▪ Obtain IV access and collect labs (CBC, BMP, Ca, Mg, Phos, VBG with lactate, urine toxicology screen, anti-seizure medication levels [if applicable]) ▪ Many epilepsy patients have an individualized seizure action plan. Consider asking the caregiver if they have a seizure action plan and follow accordingly.
5-15 MINUTES Initial Therapy Phase **Impending Status Epilepticus**	**Skip this stage if patient received 2 correct doses of benzodiazepines prior to arrival.** **Lorazepam** – 0.1mg/kg IV (max 4 mg) ▪ Repeat dose in 5 min for persistent seizure (maximum 2 total doses, including pre-hospital doses) ▪ If no IV access, use: - IM midazolam 5 mg for 13-40 kg patient, 10 mg for >40 kg patient - Buccal midazolam 0.5 mg/kg (max 10 mg) - IN midazolam 0.2 mg/kg (max 10 mg) - IN diazepam 0.2 mg/kg (max 20 mg) ▪ If no IV access, obtain IV access now *If clinical seizure persists 5 minutes after completion of second benzo dose, proceed to next stage.*
15-30 MINUTES Secondary Therapy Phase **Status Epilepticus**	**Load with ONE of the three following agents. (Note: If the patient is already on maintenance therapy for seizures, load with a medication that the patient is not already taking.)** ▪ **Fosphenytoin (Cerebyx)** – 20 mg/kg IV run over 10 minutes (max 1.5 g) ▪ **Valproic Acid (Depakote or Depakene)** – 40 mg/kg IV run over 10 minutes (max 3 g) - NOT for children younger than 2 years old - NOT for children known to have metabolic cause of epilepsy, inborn error of metabolism, or liver disease ▪ **Levetiracetam (Keppra)** – 60 mg/kg IV run over 10 minutes (max 4.5 g) **CALL CHILD NEUROLOGY NOW THROUGH THE UCSF BENIOFF CHILDREN'S HOSPITALS PEDIATRIC ACCESS CENTER: (877) 822-4453 (877-UC-CHILD)** **CALL PICU FOR TRANSFER/ADMISSION NOW IF:** ▪ Clinical seizure does not stop after this step ▪ Clinical seizure stops but there is concern for persistent subclinical seizure ▪ Anticipate advanced airway (if not already in place) Prepare for invasive BP monitoring with central line; ensure presence of at least two large-bore peripheral IVs. *If clinical seizure persists 5 minutes after completion of bolus, patient is in Refractory Status Epilepticus. Further management should be coordinated with Child Neurology and may include load with a second non-anesthetic agent above that was not already administered.* **For patients younger than 2 years old, consider:** ▪ **Phenobarbital** – 20 mg/kg IV run over 10 minutes (max 1 g) *If seizure persists after completion of infusion, repeat 10-20 mg/kg IV over 10 minutes.*