


Pediatric Status Epilepticus Treatment Guidelines

PHASE	ACTION
0-5 MINUTES Stabilization Phase	<ul style="list-style-type: none"> 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	<p>Skip this stage if patient received 2 correct doses of benzodiazepines prior to arrival.</p> <p>Lorazepam – 0.1mg/kg IV (max 4 mg)</p> <ul style="list-style-type: none"> Repeat dose in 5 min for persistent seizure (maximum 2 total doses, including pre-hospital doses) If no IV access, use: <ul style="list-style-type: none"> IM midazolam 5 mg for 13-40 kg patient, 10 mg for >40 kg patient Buccal midazolam 0.5 mg/kg (max 10 mg) If no IV access, obtain IV access now <p><i>If clinical seizure persists 5 minutes after completion of second benzo dose, proceed to next stage.</i></p>
15-30 MINUTES Secondary Therapy Phase Status Epilepticus	<p>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.)</p> <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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) <div>  <p>CALL CHILD NEUROLOGY NOW THROUGH THE UCSF BENIOFF CHILDREN'S HOSPITALS PEDIATRIC ACCESS CENTER: (877) 822-4453 (877-UC-CHILD)</p> </div> <p>CALL PICU FOR TRANSFER/ADMISSION NOW IF:</p> <ul style="list-style-type: none"> 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) <p>Prepare for invasive BP monitoring with central line; ensure presence of at least two large-bore peripheral IVs.</p> <p><i>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.</i></p> <p>For patients younger than 2 years old, consider:</p> <ul style="list-style-type: none"> Phenobarbital – 20 mg/kg IV run over 10 minutes (max 1 g) <p><i>If seizure persists after completion of infusion, repeat 10-20 mg/kg IV over 10 minutes.</i></p>