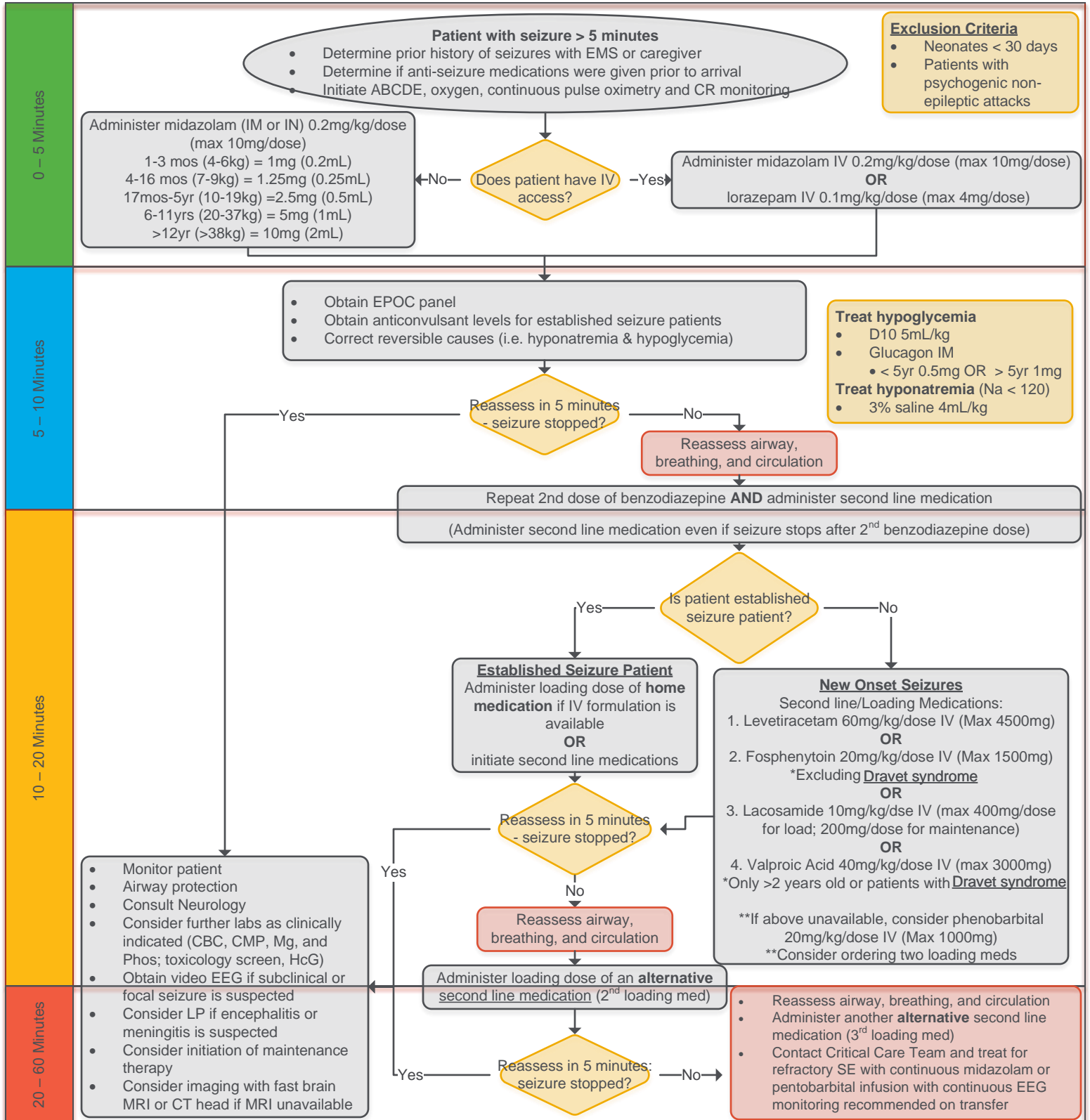


STATUS EPILEPTICUS PATHWAY

EMERGENCY DEPARTMENT



Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

STATUS EPILEPTICUS PATHWAY

EMERGENCY DEPARTMENT



IM/IN Midazolam Dosing

| Age (weight) | Dose |
|--|-----------------|
| 1 - 3 months old (4 - 6 kg) | 1mg (0.2mL) |
| 4 - 16 months old (7 - 9 kg) | 1.25mg (0.25mL) |
| 17 months to 5 years old (10 - 19 kg) | 2.5mg (0.5mL) |
| 6 - 11 years old (20 - 37 kg) | 5mg (1mL) |
| > 12 years old (> 38 kg) | 10mg (2mL) |

1st Line Benzodiazepine Dosing

| | |
|--------------|--------------------------|
| Midazolam IV | 0.2mg/kg/dose (max 10mg) |
| Lorazepam IV | 0.1mg/kg/dose (max 4mg) |

Second Line Dosing

| | |
|---|--|
| Levetiracetam | 60mg/kg/dose IV (max 4500mg) |
| Fosphenytoin | 20mg/kg/dose IV (max 1500mg) *Excluding Dravet Syndrome |
| Lacosamide | 10mg/kg/dose (max 400mg/dose for load; 200mg/dose for maintenance) |
| Valproic Acid | 40mg/kg/dose IV (max 3000mg) *Only >2 years old or patients w ith Dravet syndrome |
| If above medications are not available administer: | |
| Phenobarbital | 20mg/kg/dose IV (max 1000mg) |

Infusion Dosing

| | |
|------------------------|--|
| Midazolam Infusion | Bolus: 0.2mg/kg IV once Follow ed by: Continuous infusion: initiate at 0.09 mg/kg/hr Titration: Bolus continuous infusion rate and increase by 0.09 mg/kg/hr every 15 minutes as needed for cessation of electrographic seizures on EEG or burst suppression to a max of 2 mg/kg/hr |
| Pentobarbital Infusion | Bolus: 5mg/kg IV once Follow ed by: Continuous infusion: Initiate at 1 mg/kg/hr Can bolus 5mg/kg from infusion every 30 minutes until burst suppression Titration: Increase by 0.5 mg/kg/hr every 8 hours as needed to max of 4 mg/kg/hr |