



Physician Orders ADULT: Adult Refractory Status Epilepticus Plan

Initiate Orders Phase

Care Sets/Protocols/PowerPlans

- ☒ Initiate Powerplan Phase
Phase: *Emergency Control Phase, When to Initiate:* _____
- ☒ Initiate Powerplan Phase
Phase: *Urgent Control Phase, When to Initiate:* _____
- ☒ Initiate Powerplan Phase
Phase: *Continuous Infusions (MD Only) Phase: When to Initiate:* _____

Emergency Control Phase

Admission/Transfer/Discharge

- ☐ Transfer Pt within current facility
To Neuro, Telemetry: *Telemetry*

Vital Signs

- ☐ Vital Signs
Monitor and Record T,P,R,BP, q30min, For 1 hr, Following resolution of status, then every 1 hour.

Patient Care

- ☒ Neurochecks
Routine, q30min For 1 hr, Following resolution of status, then every 1 hour.

Respiratory Care

- ☐ ABG- RT Collect

Medications

Please select one or more of the following BOLUS options.(NOTE)*

- ☐ levETIRAcetam
*3,000 mg, IV Piggyback, IV Piggyback, once, STAT
Comments: Infuse over 10 minutes.*
- ☐ fosphenytoin
*20 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round dose to the nearest 250mg. Do not infuse faster than 150mg/min.*
- ☐ lacosamide
*400 mg, Injection, IV Push, once, STAT
Comments: Do not infuse faster than 80mg/min.*
- ☐ valproic acid
*40 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round to the nearest 250mg. Infuse over 10 minutes.*
- ☐ PHENobarbital
*20 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round to the nearest vial size. Do not infuse faster than 50mg/min.*

Please select one or more of the following MAINTENANCE options.(NOTE)*

- ☐ **+12 Hours** levETIRAcetam
*1,000 mg, IV Piggyback, IV Piggyback, q12h, Routine
Comments: Infuse over 10 minutes.*
- ☐ **+8 Hours** fosphenytoin
*100 mg, Injection, IV Push, q8h, Routine
Comments: Do not infuse faster than 150 mg/min.*
- ☐ **+12 Hours** lacosamide
*200 mg, Injection, IV Push, q12h, Routine
Comments: Do not infuse faster than 80mg/min.*
- ☐ **+8 Hours** valproic acid
*5 mg/kg, IV Piggyback, IV Piggyback, q8h, Routine
Comments: Round to the nearest 250mg. Infuse over 10 minutes.*
- ☐ **+12 Hours** PHENobarbital
97.2 mg, Tab, NG, q12h, Routine





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- ☐ **+1 Hours** topiramate
200 mg, Tab, NG, q12h, Routine

Diagnostic Tests

- ☐ EKG
Priority: Stat
- ☐ CT Brain/Head W/O Cont Plan(SUB)*
- ☐ Chest 1 VW
Stat
- ☐ Transthoracic Echo Adult
Priority: Routine
- ☐ MRI Brain & Stem W/O Cont Plan(SUB)*
- ☐ MRI Brain & Stem WO Cont
Stat
- ☒ EEG
Reason: Seizures, Stat

Consults/Notifications/Referrals

- ☐ Notify Physician-Once

Urgent Control Phase

Medications

Please select one or more of the following BOLUS options.(NOTE)*

- ☐ levETIRAcetam
3,000 mg, IV Piggyback, IV Piggyback, once, STAT
Comments: Infuse over 10 minutes.
- ☐ fosphenytoin
20 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round dose to the nearest 250mg. Do not infuse faster than 150mg/min.
- ☐ lacosamide
400 mg, Injection, IV Push, once, STAT, (infuse over 5 min)
Comments: Do not infuse faster than 80mg/min.
- ☐ valproic acid
40 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round to the nearest 250mg. Infuse over 10 minutes.
- ☐ PHENobarbital
20 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Round to the nearest vial size. Do not infuse faster than 50mg/min.

Please select one or more of the following MAINTENANCE options.(NOTE)*

- ☐ **+12 Hours** levETIRAcetam
1,000 mg, IV Piggyback, IV Piggyback, q12h, Routine
Comments: Infuse over 10 minutes.
- ☐ **+8 Hours** fosphenytoin
100 mg, Injection, IV Push, q8h, Routine
Comments: Do not infuse faster than 150 mg/min.
- ☐ **+12 Hours** lacosamide
200 mg, Injection, IV Push, q12h, Routine
Comments: Do not infuse faster than 80 mg/min.
- ☐ **+8 Hours** valproic acid
5 mg/kg, IV Piggyback, IV Piggyback, q8h, Routine
Comments: Round to the nearest 250mg. Infuse over 10 minutes.
- ☐ **+12 Hours** PHENobarbital
97.2 mg, Tab, NG, q12h, Routine
- ☐ **+1 Hours** topiramate





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200 mg, Tab, NG, q12h, Routine

Continuous Infusions (MD Only) Phase

Continuous Infusion

- ☐ midazolam
0.2 mg/kg, Inj, IV Push, q5min, PRN Seizure Activity, Routine, Indication: NOT for Violent Restraint
Comments: Round to the nearest 2 mg. Only administer when used concurrently with midazolam infusion for Refractory Status Epilepticus. Bolus dose to be given at initiation of infusion and with each dose increase, ONLY.
- ☐ midazolam 1mg/mL/NS 50 mL PreMix
50 mg / 50 mL, IV, Routine, See Order Comments
Comments: Final Concentration: 1 mg/mL; 0.2 mg/kg loading dose MUST be given prior to initiation of infusion; Initiate infusion at 0.1 mg/kg/hr; Patients experiencing breakthrough seizures may receive an additional 0.2 mg/kg bolus and the continuous infusion rate should be increased by 0.1 mg/kg/hr every 3 hours as ordered by MD if seizures persist; Maximum rate = 2 mg/kg/hr Titrated by MD order to clinical seizure suppression or burst suppression on continuous EEG
- ☐ propofol infusion
1,000 mg / 100 mL, IV, Routine, See Order Comments
Comments: Final Concentration 10 mg/mL; Initiate infusion at 20 mcg/kg/min; Continuous infusion rate should be increased by 10 mcg/kg/min every 5 minutes as ordered by MD if seizures persist. Maximum rate 200 mcg/kg/min; Titrated by MD order to burst suppression on continuous EEG
- ☐ Ketamine infusion (IVS)*
Sodium Chloride 0.9%
250 mL, IVC, Routine, See Order Comments
Comments: Final Concentration: 2 mg/mL; Initiate infusion at 10 mcg/kg/min; increase by 10 mcg/kg/min as frequently as every 1 hour as ordered by MD if seizures persist; maximum dose 60 mcg/kg/min
- ketamine (additive)
500 mg
- ☐ PENTobarbital
10 mg/kg, IV Piggyback, IV Piggyback, once, STAT
Comments: Infuse over 1 hour.
- ☐ pentobarbital infusion (IVS)*
NS
250 mL, IV, Routine, See Order Comments
Comments: Final Concentration: 8 mg/mL; 10 mg/kg loading dose MUST be given prior to initiation of infusion; Initiate infusion at 1 mg/kg/hr; Continuous infusion rate should be increased by 1 mg/kg/hr every 12 hours as ordered by MD if seizures persist; Titrated by MD order to burst suppression on continuous EEG; Maximum rate 5 mg/kg/hr.
- PENTobarbital (additive)
2,000 mg
- ☐ norepinephrine 16 mg/250 mL- NaCl 0.9% injectable solution
16 mg / 250 mL, IV, Routine, See Order Comments
Comments: Initial Rate: 2 mcg/min; Titration Parameters: 2 mcg/min every 2 min to MAP of 65 mmHg or SBP of 90 mmHg; Max Rate: 200 mcg/min; Conc: 64 mcg/mL

Laboratory

- ☐ Triglyceride
Routine, T;N, q72h, Type: Blood

Date

Time

Physician's Signature

MD Number





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***Report Legend:**

DEF - This order sentence is the default for the selected order

GOAL - This component is a goal

IND - This component is an indicator

INT - This component is an intervention

IVS - This component is an IV Set

NOTE - This component is a note

Rx - This component is a prescription

SUB - This component is a sub phase, see separate sheet

R-Required order

