PEDIATRIC

Height: ___________ cm Weight: ___________ kg

Allergies: [ ] No known allergies

Status Epilepticus Guidelines

Always monitor and support airway, breathing, and circulation

Seizure greater than:

1 Minute  Obtain 1st line medication from Omni to Bedside

2 Minutes  * Call for assistance with Unit’s Resources
           * Start Oxygen per mask
           * Have Suction available and ready
           | RT Stat for Cap Gas with ISTAT
           | Establish IV Access

3 Minutes  1. | Ativan 0.1 mg/kg IV (if IV available) OR
            2. | Diastat
                 Children 2-5 years – 0.5 mg/kg PR
                 Children 6 – 11 years – 0.3 mg/kg PR
                 Children ≥ 12 years & Adult - 0.2 mg/kg OR
            3. | Diazepam 0.2 mg/kg IV (maximum 10mg) Over 1 minute– (if IV available)

5 Minutes  Make sure Physician Resident is notified

Discuss case with Neurologist at 5 minutes and each subsequent step

1. | Repeat Ativan 0.1 mg/kg IV OR
2. | Repeat Diastat (No IV available)
       (If not present, Get IV access) OR
3. | Repeat IV Diazepam THEN

Call to Order 2nd line medication from Pharmacy STAT

10 Minutes  * Call MRT and PICU - evaluate for intubation and transfer

10 – 15 Minutes  4. | Administer Fosphenytoin 20 mg/kg P.E. IV (3mg/kg/min)
                    OR
            5. | Administer (If allergic to Fosphenytoin or requested by physician)
               Levetiracetam 40 mg/kg over 5 minutes OR
            6. | Administer Valproic Acid 25 mg/kg over 5 minutes

30 Minutes  Patient will normally be transferred to PICU and these medications ordered

by Intensivist or Epileptologist/Neurologist

| Phenobarbital 20 mg/kg IV at 2mg/kg/minute OR
| Midazolam 0.1 - 0.2 mg/kg bolus (max 10mg), then
| Midazolam 0.1 - 0.2 mg/kg/hour – titrate to 2 mg/kg/hour if necessary OR
| Pentobarbital 10 - 20 mg/kg/hour IV slowly then Maintenance at
| 1 mg/kg/hr (Monitor B/P & Respirations)

EEG monitoring per Neurology

* Goal is Clinical Seizure Cessation. (May need to confirm Electroencephlographic Seizure Cessation.)

*Some patients are known to have prolonged seizures that discontinue on their own; therefore, Epileptologist/Neurologists may alter protocol if necessary.

Patient Care

| [ ] Hepwell Insert/Site Care LEB T,N, Stat, q2h, If seizure lasts more than 2 minutes
| [ ] Nursing Communication T,N, If seizure lasts more than 2 minutes, place Order for Oxygen Delivery and start on oxygen and titrate to keep O2 sat =/> 92%
| [ ] Nursing Communication T,N, If seizure lasts more than 2 minutes, page Respiratory Therapy STAT for and ISTAT Capillary Gas
| [ ] Nursing Communication T,N, If seizure lasts more than 10 minutes, call MRT.

41011 PP NEURO Status Epilepticus -QM- 0910

*065*
### Physician Orders

**LEB Status Epilepticus Plan**

**PEDIATRIC**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diazepam</td>
<td>0.5 mg/kg, Gel, PR, N/A, PRN Seizure Activity, STAT, T;N, Children 2 to 5 years, Seizure lasting greater than 3 minutes. May repeat dose at 5 minutes if seizure activity continues, Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Diazepam</td>
<td>0.3 mg/kg, Gel, PR, N/A, PRN Seizure Activity, STAT, T;N, Children 6 to 11 years, Seizure lasting greater than 3 minutes. May repeat dose at 5 minutes if seizure activity continues, Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Diazepam</td>
<td>0.2 mg/kg, Gel, PR, N/A, PRN Seizure Activity, STAT, T;N, Children greater than or equal to 12 years and adult, Seizure lasting greater than 3 minutes. May repeat dose at 5 minutes if seizure activity continues, Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.1 mg/kg, Injection, IV, N/A, PRN Seizure Activity, STAT, T;N, Seizure lasting greater than 3 minutes. May repeat dose at 5 minutes if seizure activity continues, Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Diazepam</td>
<td>0.2 mg/kg, Injection, IV, N/A, PRN Seizure Activity, STAT, T;N, Max dose = 10 mg, To be given over 1 minute, Seizure lasting greater than 3 minutes. May repeat dose at 5 minutes if seizure activity continues, if IV available., Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Fosphenytoin</td>
<td>20 mg/kg, Injection, IV, N/A, (Infuse over: 3 mg/kg/min), STAT, T;N, Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Levetiracetam</td>
<td>40 mg/kg, Injection, IV, N/A, (Infuse over: 5 min), STAT, T;N, Administer if patient allergic to fosphenytoin or requested by physician.Per Status Epilepticus Guidelines</td>
</tr>
<tr>
<td>Valproic acid</td>
<td>25 mg/kg, Injection, IV, N/A, (Infuse over: 5 min),STAT, T;N, Administer if patient allergic to fosphenytoin or requested by physician.Per Status Epilepticus Guidelines</td>
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**NOTE:** Choose ONE IV option below:

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</tbody>
</table>

**NOTE:** Medications to be ordered for continuous seizure activity 10-15 minutes

**NOTE:** Medications to be ordered for continuous seizure activity 3 minutes or greater

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**Date** | **Time** | **Physician's Signature** | **MD Number**
---|---|---|---

[ ]