

**Physician Orders
LEB Status Epilepticus Plan**

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 Electroencephalographic 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		
<input type="checkbox"/>	Hepwell Insert/Site Care LEB	T;N, Stat, q2h, If seizure lasts more than 2 minutes
<input type="checkbox"/>	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%
<input type="checkbox"/>	Nursing Communication	T;N, If seizure lasts more than 2 minutes, page Respiratory Therapy STAT for and ISTAT Capillary Gas
<input type="checkbox"/>	Nursing Communication	T;N, If seizure lasts more than 10 minutes, call MRT.

**Physician Orders
LEB Status Epilepticus Plan**

PEDIATRIC

Medication		
NOTE: Medications to be ordered for continous seizure activity 3 minutes or greater		
<input type="checkbox"/>	diazepam	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
<input type="checkbox"/>	diazepam	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
<input type="checkbox"/>	diazepam	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
NOTE: Choose ONE IV option below:		
<input type="checkbox"/>	LORazepam	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
<input type="checkbox"/>	diazepam	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
NOTE: Medications to be ordered for continous seizure activity 10-15 minutes		
NOTE: Choose ONE IV option below:		
<input type="checkbox"/>	fosphenytoin	20 mg/kg, Injection, IV, N/A, (Infuse over: 3 mg/kg/min), STAT, T;N, Per Status
<input type="checkbox"/>	levetiracetam	40 mg/kg, Injection, IV, N/A, (Infuse over: 5 min), STAT, T;N, Administer if patient
<input type="checkbox"/>	valproic acid	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

Date

Time

Physician's Signature

MD Number

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