



Physician Orders PEDIATRIC: LEB ED Status Epilepticus Plan

**LEB ED Standing Orders Status Epilepticus
Non Categorized**

Criteria: Patients less than 18 years of age with active or ongoing seizure activity.(NOTE)*

Patient Care

- Hepwell Insert/Site Care LEB
T;N, Stat

Respiratory Care

- Oxygen Delivery
T;N Routine PRN, Special Instructions: Wean to keep oxygen sats greater than or equal to 92%.

LEB ED Status Epilepticus Phase

Continuous Infusion

- PENTobarbital Drip (Pediatric) (IVS)*
Sodium Chloride 0.9%
42 mL, IV, Routine, Reference Range: 1 to 3 mg/kg/hr
PENTobarbital (additive)
400 mg, 1 mg/kg/hr

Sedation

- Midazolam Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine, Reference Range:0.05 to 0.2 mg/kg/hr
midazolam (additive)
50 mg, 0.1 mg/kg/hr
- FentaNYL Drip (Pediatric) (IVS)*
Dextrose 5% in Water
15 mL, IV, Routine, Reference Range:0.5 to 2 mcg/kg/hr
fentanyl (additive)
500 mcg, 1 mcg/kg/hr
- Ketamine Drip (Pediatric) (IVS)*
Diluent volume
20 mL, IV, Routine, Reference Range:0.5 to 2 mg/kg/hr
ketamine (additive)
200 mg, 1 mg/kg/hr
- Propofol Drip (Pediatric) (IVS)*
Diluent volume
100 mL, IV, Routine, Reference Rage; 3 to 9 mg/kg/hr
propofol (additive pediatric)
1,000 mg, 1 mg/kg/hr

Medications

- +1 Hours** diazepam
0.5 mg/kg, Gel, PR, once, STAT, Children 2 to 5 year. Give if IV access not available.
- +1 Hours** diazepam





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0.3 mg/kg, Gel, PR, once, STAT, Children 6 to 11 years. Give if IV access not available.

- +1 Hours** diazepam
0.2 mg/kg, Gel, PR, once, STAT
Comments: Children greater than or equal to 12 years and adult, Give if IV access not available.
- +1 Minutes** LORazepam
0.1 mg/kg, Ped Injectable, IV, once, STAT, Max dose = 4 mg
- +1 Hours** diazepam
0.2 mg/kg, Injection, IV, once, STAT, Max dose = 10 mg, To be given over 1 minute
- +1 Hours** fosphenytoin
20 mg/kg, Injection, IV, N/A, STAT, (infuse over 3 mg/kg/min)
Comments: Dose expressed in mg of phenytoin equivalents
- +1 Hours** levETIRAcetam
40 mg/kg, Injection, IV, N/A, STAT, (infuse over 5 min)
Comments: Administer if patient allergic to fosphenytoin or requested by physician.
- +1 Hours** valproic acid
25 mg/kg, Injection, IV, N/A, STAT, (infuse over 5 min)
Comments: Administer if patient allergic to fosphenytoin or requested by physician.
- +1 Hours** PHENobarbital
10 mg/kg, Ped Injectable, IV, once, STAT, Loading Dose, May repeat times one dose
- +1 Hours** PENTobarbital
5 mg/kg, Ped Injectable, IV, q15min, STAT, (for 4 dose), Loading Dose
- +1 Hours** midazolam
0.5 mg/kg, Inh Soln, Nasal, N/A, PRN Seizure Activity, STAT
Comments: Max Dose = 15 mg; may repeat dose x one dose 15 mins after 1st dose per MD discretion.
- +1 Hours** Propofol Bolus (Pediatric)
mg/kg, Injection, IV, once, STAT, Loading Dose, Reference Range; 1 to 3 mg/kg

Date

Time

Physician's Signature

MD Number

***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



Attach patient label here



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Rx - This component is a prescription

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

R-Required order

