

Sample Protocol #2: Measures to be taken if number, duration, or severity of seizures observed is excessive, including number or duration of seizures requiring physician notification.

Measures to be taken if number, duration, or severity of seizures observed is excessive

- Each patient has to have a PRN "rescue" lorazepam order in order to enable the team to handle each patient in the safest possible way.
- This also is a patient specific (depending on the scope of admission, frequency and severity of seizures, propensity for status epilepticus, etc.).
- The key is to balance a desired seizure control and safety (specifically, avoid sedation).
- One reasonable regimen:
 1. "Lorazepam 1mg IV PRN for seizures" (for patients under 90 kg)
 2. "Lorazepam 2 mg IV PRN for seizures" (for patients over 90 kg), - then under free comments write the following: Please, give Ativan 1mg IV (and page a resident physician) for:
 1. **Generalized convulsions lasting longer than 5 min** (NB: Over 90% of epileptic seizure resolve spontaneously up to this point!). May repeat 1mg IV if still seizing after 5min. If seizure stops spontaneously before Ativan is given, and this is their 1st seizure, do not give Ativan. (NB: If a seizure is progressing in SE, Lorazepam may be repeated up to 0.1 mg/Kg in a 24 hour period).
 2. **Second convulsion of any duration within 12 hours;** may repeat 1mg IV if still seizing after 5min.
 3. **Focal seizure with alteration of awareness (formerly Complex Partial Seizure, CPS) lasting more than 10 minutes,** or 2nd episode lasting longer than 5 minutes within 30 minutes, or 3rd episode of any duration within 60 minutes.
- Attending has to be notified by the resident if a patient received **2 or more** doses of Ativan in 24 hrs.
- Attending has to be notified if any staff members have concerns about the patient's safety and care.