

Sample Protocol #3: Medication reduction to increase seizure yield.

Policy: Medication Reduction to Increase Seizure Yield

Purpose: To safely reduce or withdraw anti-seizure medication in order to increase the likelihood of recording seizures during video-EEG monitoring in the Epilepsy Monitoring Unit

Admission to the Pediatric Epilepsy Monitoring Unit for Video-EEG monitoring is often done for the purpose of recording clinical seizures or seizure-like events in order to establish a diagnosis of epilepsy and/or to guide management. In order to increase the likelihood that those events will happen during the period of monitoring, the anti-seizure medication may be reduced in dose or discontinued temporarily.

1. Reduction of anti-seizure medication is not usually begun prior to admission to the Epilepsy Monitoring Unit. Any exceptions should be made based on physician judgment, and only after discussing risks with parent or guardian, and only with assurance that the family has emergency medication available for home use in the event of a prolonged seizure.
2. Prior to reduction of anti-seizure medication the following should occur
 - a. Parent or guardian should be informed of the risks and benefits of reducing or discontinuing medication, including the risk for more severe seizures than usual, and the risk for status epilepticus. This discussion and parent/guardian assent should be documented in the medical record
 - b. IV access should be established and maintained until the patient has been back on usual dosage of anti-seizure medication for at least 12 hours.
 - c. The patient should have clear orders identifying when physician is to be notified for prolonged or frequent seizures (part of admission order set)
 - d. The patient should have standing orders for both IV and rectal emergency anti-seizure medications to be used for seizures lasting more than 5 minutes (part of admission order set)
3. Orders to reduce or stop anti-seizure medication should be entered in to the medical record with a clear start time. The speed of medication reduction, degree of dose change and the number of medications to be reduced at one time is case-specific. The physician will determine the reduction based upon baseline seizure frequency, seizure severity, and taking into account whether the patient has a history of status epilepticus.
4. Medications will be restarted and/or increased to appropriate dosage as soon as is possible after recording the necessary number of seizures or events as determined by the physician. Protocol for restarting medications will be individualized for each patient and will take into account the pharmacokinetic and pharmacodynamic properties of each medication.
5. Patients will not be discharged until they have received 24 hours of anti-seizure medication at the full (post-hospital discharge) dose.
6. Patients will have emergency management of seizures reviewed prior to discharge and, if appropriate, will have rescue medication prescribed at discharge.