

## **Sample Protocol #5: Management of status epilepticus and seizures in hospitalized patients.**

Purpose: To identify and treat status epilepticus to prevent associated morbidity or mortality

Treatment of status epilepticus in the Pediatric Epilepsy Monitoring Unit follows general quality guidelines for status epilepticus management (based on Glauser et al, Evidence-Based Guideline: Treatment of Convulsive Status Epilepticus in Children and Adults: Report of the Guideline Committee of the American Epilepsy Society. *Epilepsy Currents*, 2016; 16(1):48-61). The only exceptions are that blood glucose and other laboratory screening tests such as toxicology screen are not generally needed in supervised, hospitalized patients with known epilepsy. The first steps in treatment of status epilepticus in the EMU follow the protocol for treatment of prolonged seizures (Protocol 2). All patients should have written orders for both and IV rescue medication (usually lorazepam at an age appropriate dose) and non-IV rescue medication (usually rectal diazepam at an age appropriate dose).

### **Management of Status Epilepticus in the Pediatric Epilepsy Monitoring Unit:**

1. In the event of a prolonged seizure as defined in the EMU admission orders, or ANY convulsive seizure lasting more than 5 minutes or non-convulsive seizure lasting 10 or more minutes, initiate treatment with IV lorazepam if patient has IV access, or with rectal Diazepam if patient does not have IV access.
2. Notify on-call provider as per EMU admission orders.
3. Note that in the admission orders all EMU patients should have orders for treatment of prolonged seizures that include age appropriate doses of IV lorazepam and of rectal diazepam. The first dose of medication can be given as medically appropriate based upon these orders, even if the on-call provider has not yet been reached.
4. If the seizure continues after the first dose of benzodiazepine then treatment follows the general clinical guidelines below, as dictated by the supervising physician. For patients with known epilepsy, the supervising physician will take into account the patient history, seizure/epilepsy type and concurrent use of other anti-seizure medications.

# Guidelines for Management of Status Epilepticus (Non-EMU):

