Consign Health System

ADULT CONVULSIVE STATUS EPILEPTICUS PROTOCOL

This protocol is appropriate for Convulsive Status epilepticus defined by convulsions lasting > 5 min, or multiple seizures in 30 min without return to baseline with another convulsive seizure in ED. This protocol does not apply to patients in focal status epilepticus with conserved mentation or one seizure lasting < 5 min.

Pre-Hospital Treatment

ABCs, Accucheck
Get pre-hospital benzo totals, seizure history and current AED, if any
If pt received total 8 mg LZP, 20 mg MDZ or 20 mg DZP total within the last 30 min, move directly to the 2nd LINE TREATMENT

Send labs; CBC, CMP, UA, UDS, AED levels
5 min after first benzo dose if still convulsing, REPEAT Benzo
Order/prepare the 2nd LINE TREATMENT, if still convulsing 5 min after 2nd benzo dose, then move to 2nd LINE TREATMENT

Intubate (if not done previously)

1st LINE TREATMENT
Midazolam 10 mg IM
(0.15-0.2 mg/kg, 10 mg max single dose)
Or
Lorazepam 4 mg IV
(0.1 mg/kg up to 4 mg max single dose)
Or
Diazepam 10 mg IV
(0.15-0.2 mg/kg up to 10 mg max single dose)

2nd LINE TREATMENT
Levetiracetam 40 mg/kg IV
(20-60 mg/kg)
max single dose 4500 mg
Or
Fosphenytoin 20 mg/kg IV
(15-20 mg/kg)
max single dose 2000 mg
Or
Valproate 30 mg/kg IV
(20-40 mg/kg)
max single dose 3000 mg

3rd LINE TREATMENT
Anesthetics - Avoid Dexmedetomidine
Propofol 1-2 mg/kg load
(max load 100 mg), then
20 mcg/kg/min
Or
Midazolam 0.2 mg/kg IV load
(max load 20 mg);
then 0.1-0.2 mg/kg/hr
Or
Ketamine 1.5 mg/kg IV load
(max load 300 mg);
then 15-120 mcg/kg/min

CONSIDER ABCS AT EACH STEP OF THE PROCESS; INTUBATE IF PATIENT IS EXHIBITING ANY SIGNS OF AIRWAY COMPROMISE, BUT AVOID PREEMPTIVE OR PROPHYLACTIC INTUBATION. POST-ICTAL CONFUSION IS NOT AN INDICATION FOR INTUBATION.


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Reference: