

STATUS EPILEPTICUS

Definition

Status : Continuous seizure activity > 5minutes or recurrent seizures without full recovery
Refractory Status: Status refractory to 1st and 2nd line treatment, requiring sedation
Super Refractory Status: Status recurs after withdrawal of 3rd line (sedation)

Stabilize

ABC's
Finger stick blood glucose
Get an IV access

1st Line

Lorazepam 4mg IV (0.1mg/kg)
No IV access: Midazolam 10mg IM (0.2mg/kg)
Repeat One More Time If Needed

2nd Line

Loading with AED

Levetiracetam 60 mg/kg (max 4500mg)
Valproic acid 40 mg/kg (max 3000mg)
Fosphenytoin 20 mg/kg (max 1500mg)
Lacosamide 400 mg (needs EKG before and after)

Seizures Controlled

Start on Maintenance

Levetiracetam 1:2 gm Bid
Valproic acid 5:10 mg/kg q8h
Fosphenytoin 5:7 mg/kg q8h
Lacosamide 100:200 mg bid

Seizures Continue

Prepare for 3rd Line

Intubation
Mechanical Ventilation

3rd Line

Continuous Sedation

Drug	Loading	Maintenance	Titration till Burst Suppression
Propofol	1 mg/kg	Start 40, Max 200 mcg/kg/min	20 mcg/kg/min q5min
Midazolam	10 mg (0.2mg/kg)	Start 0.05, Max 2 mg/kg/h	0.1 mg/kg/h q15min
Ketamine	1:2 mg/kg	Start 0.3, Max 2 mg/kg/h	0.3 mg/kg/h q15min

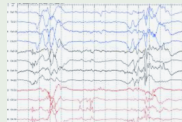
Continuous EEG

Target

Burst Suppression for at least 24 hours

Then

Taper sedation over 24 hours
Optimize Maintenance AED before taper
Ensure high therapeutic AED level before down titration
Tapering rate: one medication at a time, down by 25% q6h



Other Lines of Treatment

Pentoprabital: Load with 5mg/kg then infusion at 1:10 mg/kg/h
IVIG or **Pulse Steroids**: if autoimmune etiology is suspected
Magnesium 4gm then 2gm q6h, specially in eclampsia

Prognosis

Mortality rate:
Status: 10:30%
Refractory Status: 30:50%
Super Refractory Status: >50%
Worse prognosis: Post-anoxic - old age