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Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Status Epilepticus Treatment (Pediatric)

Use the Pediatric Critical Care Guide and ED Peds Critical Care PowerPlan to check all medication dosing.

- ABCs. Ensure BVM at bedside and pediatric code cart within reach.
- **Bedside glucose STAT.**
- Obtain IV. Start supplemental oxygen.
- Consult pediatrics.
- Obtain brief history.
- Prepare first-line medication. If in the ED or NW, get the Peds Seizure Kit (see box).

Seizure lasting ≥3 minutes
OR
More than one seizure in 24 hours without return to baseline.

No → Go to Pediatric Post-Seizure Evaluation guideline.

Yes

Benzodiazepine (choose ONE and give up to two doses Q5-10 minutes)
- Midazolam 0.2 mg/kg IN/IM (max dose 10 mg)
- Lorazepam 0.1 mg/kg IV/IO (max dose 4 mg)
- Diastat home dose

Seizure continues 5 more minutes.

Consult ANMC PICU at (907) 297-8809.

Age ≤ 2 months

Phenobarbital 20 mg/kg IV/IM.
If IV, give over 15 minutes or
1 mg/kg/minute (max 60 mg/min).

Seizure continues 5 minutes after infusion complete.

Consider preparing infusion (see box).
Phenobarbital 10 mg/kg IV/IM.
If IV, give over 15 minutes or
1 mg/kg/minute (max 60 mg/min).

Seizure continues 5 minutes after infusion complete.

Levetiracetam 40 mg/kg IV/IM.
If IV, give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

Levetiracetam 20 mg/kg IV/IM.
If IV, give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

Start midazolam or propofol infusion with PICU consultation.

Age >2 months

Levetiracetam 60 mg/kg IV/IM.
Max dose 4500 mg.
If IV, give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

Consider preparing infusion (see box).
Fosphenytoin 20 mg PE/kg IV.
Max dose 1000 mg.
Give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

Fosphenytoin 10 mg PE/kg IV.
Max dose 1000 mg.
Give over 5-10 minutes.

Seizure continues 5 minutes after infusion complete.

Phenobarbital 20 mg/kg IV or IM.
Max dose 1000 mg.
If IV, give over 15 minutes.

Seizure continues 5 minutes after infusion complete.

Phenobarbital 10 mg/kg IV or IM.
Max dose 1000 mg.
If IV, give over 15 minutes.

Seizure continues 5 minutes after infusion complete.

Start midazolam or propofol infusion with PICU consultation.

Peds Seizure Kit

- In the ED and Peds NW Pyxis.
- Type "seizure" and override.
- Includes:
  - Midazolam 10 mg/2 mL
  - Levetiracetam
  - Phenobarbital 130 mg/mL
  - Dosing cards from the pediatric critical care guide

Continuous Infusions

In all ages, in consultation with the PICU, consider preparing for intubation and continuous infusion after second-line drug has been given. Continue giving medications as detailed in the flow while infusion is being prepared.

If giving midazolam, make drip of 1 mg/mL and start at rate 0.1 mg/kg/hour.

Village Management

See Emergency RMT Seizure Scenario on the wiki.

- ABCs.
- **Bedside glucose STAT.**
- If unable to get a glucose measurement, give glucose buccally.
- Get BVM with appropriate sized mask to bedside.
- Follow flow to the left, using these drugs with dosing found on Pediatric Critical Care Guide:
  - Diastat home dose PR if available or midazolam 0.2 mg/kg intranasal (max dose 10 mg) or diazepam 0.5 mg/kg (max 10 mg) IV solution given RECTALLY.
  - Phenobarbital or fosphenytoin (kept refrigerated) IM. If giving either second-line drug, consult pediatrics and strongly consider activating a medevac.
- Consider placing IV and giving NS bolus 20 mL/kg.
- Low threshold to activate medevac for atypical or prolonged seizure.

In all ages, if hemodynamic instability or myocardial dysfunction, avoid phenobarbital and use alternate agents.

Indications for Admission or Transfer

- Status epilepticus
- Cluster of seizures
- Increased intracranial pressure
- CNS infection
- Structural lesion
- Patient does not return to baseline mental status.
- New focal neurological deficit requires further work-up (often MRI) even if CT is normal.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 2/9/24. Click here to see the supplemental resources for this guideline.
If comments about this guideline, please contact Amy_Carson-Strnad@ykhc.org.