STATUS EPILEPTICUS Pathway

Provisional diagnosis	
Duration of previous hospitalization (if any)	
Previous lab investigations if any	

CO-MORBIDS	☐**Hypertension**	☐**AF**	☐**COPD**
	☐**Type 2 Diabetes Mellitus**	☐**Anticoagulation**	☐**CLD**
	☐**CAD**	☐**CKD**	☐**Recent Surgery**

Recognize

STATUS EPILEPTICUS

☐Seizures with 5 minutes or more of continuous clinical

and/or

☐Electrographic seizure activity

OR

☐Recurrent seizure activity without recovery between

Immediate General Assessment and stabilization

☐A: Airway - Assess and maintain patent airway ☐ (ETI/MV)
☐B: Breathing - Assess and administer oxygen if required; aim SpO 2 ≥ 95%
☐C: Circulation - Vascular access, blood collection,
- Send for Blood gluose/CBC/RFT/Mg2+ &PO4-/LFT/ /PT, INR, APTT
- Obtain anticonvulsant levels for established seizure patients
- Toxicology Screening &HcG

☐Inform Neurology team.
☐12 lead ECG
☐Emergent Non Contrast CT/MRI of brain
☐Correct reversible causes like hyponatremia & hypoglycemia

☐ In case of hypoglycaemia, rule out possibility of thiamine deficiency, **administer dextrose before thiamine.**

- ☐Review patient History, medications and procedures
- ☐Establish time of symptom onset or last known normal
- ☐Perform Neurological Examination

Management:

IV access?

No

- ☐Midazolam intramuscular (IM) 0.15 mg/kg (max 10 mg)
- ☐Diazepam rectal gel (PR) • 0.2 mg/kg

Yes

- ☐Lorazepam IV 0.1 mg/kg (max 4 mg) Or
- ☐Diazepam IV 0.2 mg/kg (max 10 mg)

Repeat after 4min if seizures do not resolve after first dose.

If seizures persist choose 2nd line drugs

- ☐Phenytoin
- ☐Levetiracetam
- ☐Valproic acid

For doses look at Appendix

Reassess Patient:

☐**Refractory Status Epilepticus** (RSE)

If seizures persist despite early benzodiazepines and one additional first-line anti- seizure medication

Administer Loading dose of an alternative second line medication.

If seizures persist, consider a continuous infusion agent.

Consult neurology and continuous EEG monitoring if available.

Infusion Agent:

- ☐Propofol
- ☐Midazolam
- ☐Ketamine
- ☐Pentobarbital

(For dose – Appendix)

Super Refractory Status Epilepticus (SRSE):
If seizures cannot be terminated with the use of an intravenous (IV) anesthetic in addition to benzodiazepines and standard anticonvulsants.

Management of SRSE:

Non-surgical

Immunotherapy- for selected cases after discussing with the specialist- 1 g IV methylprednisolone for 3 to 7 days, OR Plasma exchange or IV immunoglobulins over 3 to 5 sessions •

Longstanding-immunotherapy
- prednisone
- Rituximab and cyclophosphamide.
-

Ketogenic diet (4:1 ratio of fat-to-carbohydrate and protein)

Therapeutic hypothermia (TH)

Electroconvulsive therapy- selected Cases

Surgical intervention

For known etiologic structural lesion, early neurosurgical consultation is recommended.

Electrical stimulation therapies:

Vagal nerve stimulator placement has been described in the treatment of SRSE.

Deep brain stimulation

Responsive neurostimulation

ICU Days	EVENTS / SUPPORTS
1	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
2	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
3	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
4	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
5	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
6	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
7	☐MV ☐RRT ☐Vasopressors ☐Organ dysfunction ☐Others
>7 days Course of illness	

Outcome

I. APACHE II/IV Score: _____ 2. SOFA Score at the time of admission:_____ , 48hr: _____ at the time of transfer out / LAMA / Discharge:_____ 3. Length of ICU Stay:_____ 4.Length of Hospital stay:____

II. Organ Failure : ☐AKI ☐Liver failure ☐Coagulopathy ☐Encephalopathy ☐Myocardial Dysfunction ☐CIPNM ☐MV dependent

III. Renal replacement therapy_____day from CRRT / SLED

IV. MV_____ duration ☐Proning ☐ECMO ☐Tracheostomy

V. Outcome: ☐Death ☐Survived (Discharged from ICU / Transfer out to stepdown / HDU/ Room) ☐LAMA

☐Ambulated ☐Bed ridden (with support / without support)

Doctor Name: _____, Sign: _____

Appendix:

Drug doses

Second line agents

1. PHENYTOIN – 20 MG /KG IV UPTO 25TO 50 MG /MIN ;100 MG IV 8TH HOURLY OR
2. LEVETIRACETAM – 40TO 60 MG /KG IV UPTOA TOTAL OF 4.5 GM OVER 15 MINUTES ,500 – 1000 MG 12TH HOURLY OR.
3. VALPROICACID – 30 MG /KG IV UPTO 10 MG / KG /MIN ; 500 MG IV 12TH HOURLY
4. LACOSAMIDE - 200 - 400 MG IV BOLUS, 200 MG IV 12TH HOURLY OR
5. TOPIRAMATE - 200 – 400 MG PO BOLUS, 300 MG PO 6TH HOURLY OR
6. GABAPENTIN - 300-900 MG PO BOLUS, 300 – 900 MG PO 8TH HOURLY

Continuous infusion agent dosing

1. PROPOFOL -2-5 MG / KG IV BOLUS ; 0.2-2 MG /KG / HR IV INFUSION
2. MIDAZOLAM – 0.1 – 0.3 MG / KG IV BOLUS ;5-30 MG /KG / HR IV INFUSION
3. KETAMINE – 1-3 MG / KG IV BOLUS ;0.5 – 10 MG / KG /HR INFUSION
4. PENTOBARBITAL – 5-10 MG / KG BOLUS ;0.5-5 MG / KG /HR INFUSION

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