

# 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               |

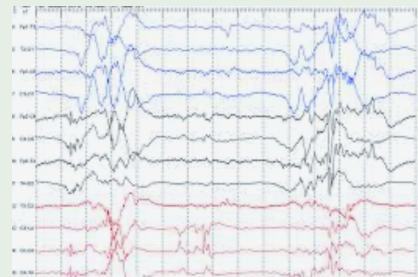
## Continuous EEG

### 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



## 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