

Pediatric Status Epilepticus Red Flags

Assessment:

- Check bedside glucose if patient unresponsive
- Recognize subtle seizure activity early
- Consider possible NCSE* if the child is no longer seizing but remains unresponsive
- Reassess frequently for respiratory compromise: normal SpO₂ does not ensure adequate ventilation
- Consider other etiologies if bradycardia, poor perfusion and/or hypotension present; consult Pediatric Referral Site
- Decorticate or decerebrate posturing **IS NOT** seizure activity

*NCSE: *Non-convulsive status epilepticus*

Management:

- If glucose ≤ 2.6 mmol give 5 mL/kg D10W IV push; recheck glucose in 5 minutes
- Prepare Second Line Agent when giving 2nd dose of First Line Agent
- Prepare for airway management: bag-valve mask and/or definitive airway



Pediatric Status Epilepticus Diagnostic Considerations

Febrile:

- Risk of CNS infection (esp. if unimmunized, immunocompromised, or persistently abnormal postictal mental status)
 - Encephalitis
 - Meningitis
- Complex febrile seizure
- Other infections

Non-febrile:

- Known epilepsy
- Sub-therapeutic level(s) of anticonvulsant drug
- Brain malformation
- Metabolic (hypoglycemia, hyponatremia, hypocalcemia)
- Toxic ingestion
- Head injury
- Brain tumor
- Inflammatory brain disease