



**PHYSICIAN ORDERS
FOR
STATUS EPILEPTICUS in the EMERGENCY
DEPARTMENT**

Page 1 of 2

Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

Initial on all lines applicable

REFER TO PEDSPAC STATUS EPILEPTICUS POSTER

- Assess ABCs, BP and Cardiorespiratory monitoring
- POCT Glucose
 - If ≤ 2.6 mmol/L, give 5 mL/kg D10W IV rapid push then start D10W infusion @ 5 mL/kg/hr (MAX 250 mL/hr) and recheck glucose in 5 minutes
- Start IV 0.9% NS
- Give acetaminophen 15 mg/kg/dose (MAX 650 mg/dose) PR if febrile

INVESTIGATIONS:

____ CBC with diff
 ____ Na, K, Cl, Glucose, VBG, BUN/Creat
 ____ Ca, Mg, Phosphate
 ____ Phenytoin level ____ Phenobarb level ____ Carbamazepine level ____ Valproic Acid level
 ____ Other: _____

FLUIDS:

____ IV 0.9% NS _____ mL bolus over _____ minutes
 ____ IV D10W _____ mL IV push (5 mL/kg)

MEDICATIONS:

Pre-hospital treatment given (either at home or by EMS)

- If one dose of benzodiazepines given, repeat dose x1 and prepare 2nd line agent
- If multiple doses of benzodiazepines given, move directly to 2nd line agent

First Line Agents: Benzodiazepines

IV Access

Lorazepam _____ mg (0.1 mg/kg/dose, MAX 4 mg/dose) IV ____ (1st dose) _____ (2nd dose)
 OR
Diazepam _____ mg (0.2 mg/kg/dose, MAX 10 mg/dose) IV
 _____ (1st dose) _____ (2nd dose)

NO IV Access

____ **Midazolam INTRAMUSCULAR** _____ mg (0.2 mg/kg/dose, MAX 10 mg/dose)
 OR
 ____ **Midazolam INTRANASAL** _____ mg (0.2 mg/kg/dose, MAX 5 mg/nostril)
 OR
 ____ **Midazolam BUCCAL** _____ mg (0.5 mg/kg/dose, MAX 10 mg/dose)
 OR
 ____ **Diazepam PR** _____ mg (0.5 mg/kg/dose, MAX 20 mg/dose)

If seizure continues: Repeat one benzodiazepine dose within 5 min. Consider IO insertion if IV attempts fail
***If seizure continues after two doses of benzodiazepines, move to 2nd line agents within 5 min.**

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 PHYSICIAN SIGNATURE

 PRINT NAME OF PHYSICIAN

 DATE & TIME

 NURSE SIGNATURE

 PRINT NAME OF NURSE

 DATE & TIME



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... Continued from Page 1

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Second Line Agents:

____ FOSphenytoin _____ mg PE* (20 mg PE/kg/dose in NS, MAX dose 1000 mg PE) IV/IO over 10 min

OR

____ Phenytoin _____ mg (20 mg/kg/dose in NS, MAX 1000 mg/dose) IV/IO over 20 min

OR

____ Phenobarbital _____ mg (20 mg/kg/dose in NS, MAX 1000 mg/dose) IV/IO over 20 min

****If seizure continues, within 5 min administer****

Second Line Agents:

If FOSphenytoin / phenytoin given as first dose:

____ Phenobarbital _____ mg (20 mg/kg/dose in NS, MAX 1000 mg/dose) IV/IO over 20 min

OR

If phenobarbital given as first dose:

____ FOSphenytoin _____ mg PE (20 mg PE/kg/dose in NS, MAX dose 1000 mg PE) IV/IO over 10 min

OR

____ Phenytoin _____ mg (20 mg/kg/dose in NS, MAX 1000 mg/dose) IV/IO over 20 min

* PE = Phenytoin Equivalents

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