



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

Page 1 of 2

Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

REFER TO PEDSPAC STATUS EPILEPTICUS ALGORITHM

INITIAL MANAGEMENT:

- Assess ABCs, BP
 - Cardiorespiratory monitoring
 - POCT Glucose. If glucose less than 3 mmol/L, give D10W (see Medications below) and recheck glucose in 5 minutes
 - Give acetaminophen 15 mg/kg/dose (MAX 650 mg/dose) PR if febrile
- Initial on all lines applicable***

INVESTIGATIONS:

____ CBC & Diff
 ____ Na, K, Cl, glucose, venous blood gas, urea, creatinine, Ca, Mg, Phosphate
 ____ Blood culture (if febrile)
 ____ Phenytoin level ____ PHENobarbital level ____ Carbamazepine level ____ Valproic Acid level
 ____ Other: _____

FLUIDS:

____ NS bolus _____ mL (10-20 mL/kg) IV over _____ minutes
 ____ NS _____ mL/hr IV
 ____ D5NS _____ mL/hr IV

MEDICATIONS:

Hypoglycemia

____ D10W _____ mL (5 mL/kg/dose, MAX 250 mL) rapid IV push followed by
 ____ D10W infusion _____ mL/hr (5 mL/kg/hr, MAX 250 mL/hr)

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

- If one dose of benzodiazepine 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

WITH IV Access

____ **LORazepam** _____ mg (0.1 mg/kg/dose, MAX 4 mg/dose) IV over 2 min _____ (1st dose) _____ (2nd dose)
OR
 ____ **Midazolam** _____ mg (0.1 mg/kg/dose, MAX 10 mg/dose) IV over 2 min _____ (1st dose) _____ (2nd dose)
OR
 ____ **DiazePAM** _____ mg (0.2 mg/kg/dose, MAX 10 mg/dose) IV over 3 min _____ (1st dose) _____ (2nd dose)

NO IV Access

____ **Midazolam INTRAMUSCULAR** _____ mg (0.15 mg/kg/dose, MAX 10 mg)
OR
 ____ **Midazolam INTRANASAL** _____ mg (0.2 mg/kg/dose, MAX 10 mg) Use 5 mg/mL concentration and divide dose between both nares
OR
 ____ **Midazolam BUCCAL** _____ mg (0.5 mg/kg/dose, MAX 10 mg)
OR
 ____ **DiazePAM RECTAL** _____ mg (0.5 mg/kg/dose, MAX 20 mg)

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PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME



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

Initial on all lines applicable

Second Line Agents:

_____ **FOSphenytoin** _____ mg PE* (20 mg PE/kg/dose in NS, MAX1000 mg PE) IV/IO over 10 min

OR

_____ **Levetiracetam** _____ mg (60 mg/kg/dose MAX 3000 mg) IV/IO over 15 min

OR

_____ **Phenytoin** _____ mg (20 mg/kg/dose, MAX 1000 mg) IV/IO over 20 min *DILUTED IN NS (do not mix or administer with any dextrose-containing solutions)*

OR

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

If seizure continues after 5 min administer alternative third line agent

Third Line Agents:

Administer alternate anticonvulsant to Second Line Agent given:

_____ **FOSphenytoin** _____ mg PE* (20 mg PE/kg/dose in NS, MAX1000 mg PE) IV/IO over 10 min

OR

_____ **Levetiracetam** _____ mg (60 mg/kg/dose MAX 3000 mg) IV/IO over 15 min

OR

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

OR

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

* PE = Phenytoin Equivalents

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