



# Status Epilepticus

## Guidelines for the In-Hospital Management of Convulsive Status Epilepticus In Adults

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### **A. Immediate Measures - STATUS EPILEPTICUS IS A MEDICAL EMERGENCY**

- Secure airway (recovery position) and give oxygen
- Call for help
- Monitor vital signs (including temperature and glucose)
- Establish IV access and take venous blood samples for glucose, LFT, UE, Mg, Ca, FBC, toxicology screening and antiepileptic drug levels.

- If there are concerns about hypoglycaemia, poor nutrition or alcohol excess, give 250 mg of thiamine IV (1 pair pabrinex amps), followed by 50-100 ml of 20% glucose IV over 10 minutes (consider 1mg IM glucagon if IV access not available)

## **B. 5 minutes**

- **Give 4 mg Lorazepam IV over a few seconds.** If Lorazepam is not available give Diazepam 10 mg IV (5mg/min)
- If IV access is not possible or prior to the arrival of the medical team give either:
- Buccal Midazolam 10 mg (5mg in the elderly or patients weighing < 50kg)
- Rectal Diazepam 10 mg (5mg in the elderly or patients weighing < 50kg)
- If no response repeat after 5 minutes and call ITU to inform them of the patient.

If no response

## **C. 15 minutes (doses are for a 70 kg person and must be recalculated for the patient's actual weight)**

### **Give 2.5 g Levetiracetam over 10 minutes (35 mg/kg)**

- If levetiracetam unavailable give either:
- 2 g Sodium Valproate IV over 5 minutes (30mg/kg) – caution in females of child bearing age or acute liver failure. Contraindicated in mitochondrial disease – avoid in status of unknown cause in young people
- 1.4 g Phenytoin IV at a rate of 50mg/min (20 mg/kg) – need ECG and BP monitoring

If no response

## **D 30 minutes – Refractory Status Epilepticus**

- Intubate, give general anaesthesia and admit to ITU
- If this is not possible consider 700 mg phenobarbital IV (10 mg/kg at 100 mg/min) but beware of cardio-respiratory depression

This protocol is for yearly audit.

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