**WHAT IS STATUS EPILEPTICUS?**

Abnormal electrical impulses

Continuous seizure for >5 min or >2 in 5 min without return to consciousness

**TYPES**

- **Convulsive**
  - May involve jerking motions, grunting sounds, drooling, and rapid eye movements
  - More likely to lead to long-term injury

- **Nonconvulsive**
  - May appear acutely confused or look like they're daydreaming
  - May have difficulty speaking

**DIAGNOSTIC WORKUP**

- **Fingerstick Glucose**
  - If <60 mg/dl, give 100 mg thiamine IV and then 50 ml D50W IV

- **Secure IV Access**

**ASSESS FOR REVERSIBLE CAUSES**

- Eclampsia
- Infectious
- Electrolyte disturbances (sodium, calcium, magnesium)
- Imaging for structural cause (CT head, CTA head and neck)

**TREATMENT TO INITIATE**

**1st LINE**

- **Airway** (Consider Nasal)
- **Supplemental Oxygen**

**2nd OPTIONS**

- Lorazepam: 4-8 mg IV or Diazepam: 5-10 mg IV or Midazolam: 5-10 mg IV or IM
- May repeat x 1 after 5 min

**3rd INFUSIONS**

- Levetiracetam: 20-60 mg/kg IV (4500 mg max)
- Valproate: 30-40 mg/kg IV (3000 mg max)
- Fosphenytoin: 20 mg PE/kg IV

**BURST SUPPRESSION**

- Midazolam: 0.2 mg/kg load 0.2-2.9 mg/kg/hr or Propofol: 1-2 mg/kg load 20-80 mcg/kg/min or Ketamine: 1-2 mg/kg load 2-7 mg/kg/hr or Fosphenytoin: 20 mg PE/kg IV

**CONTINUOUS EEG**

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