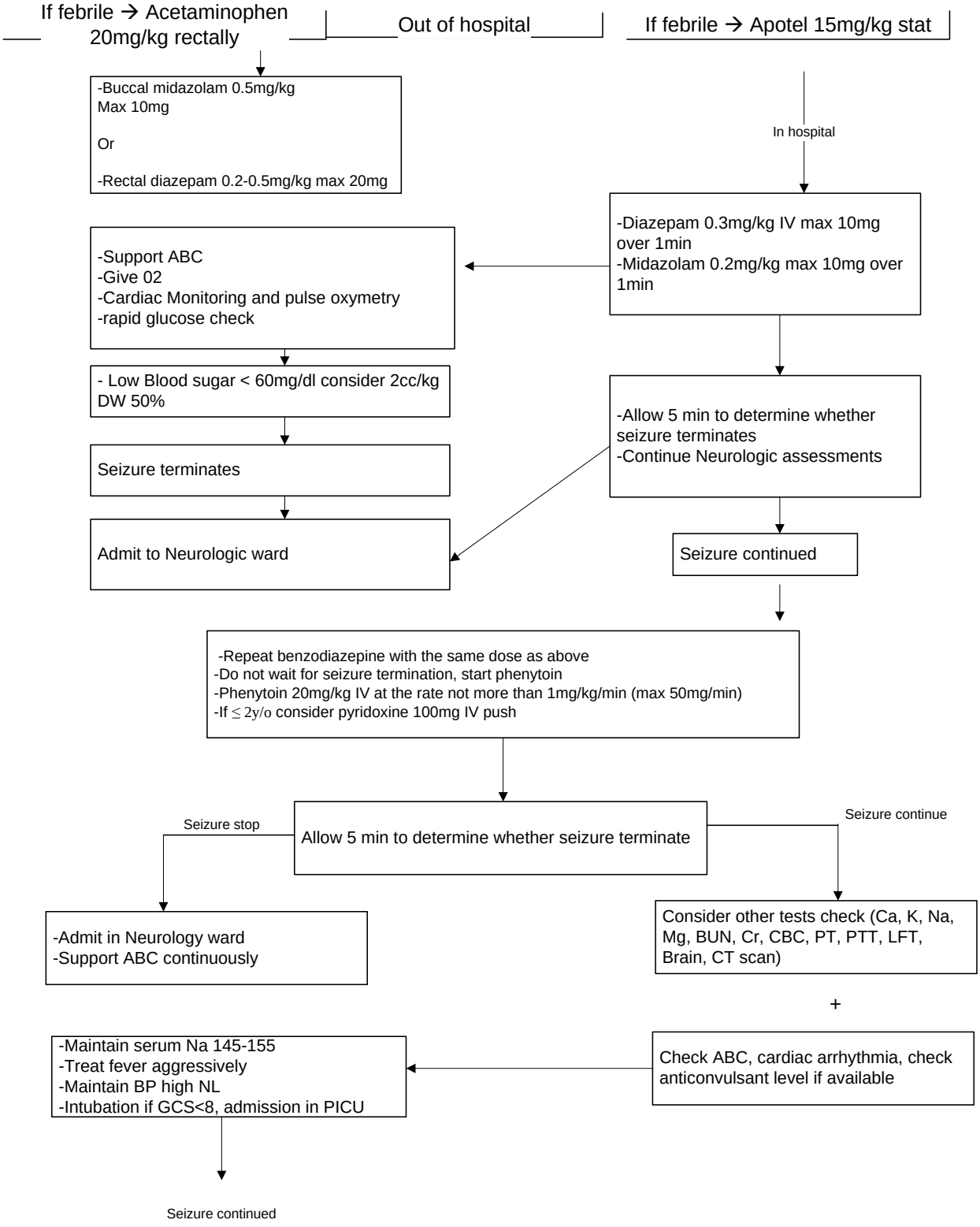
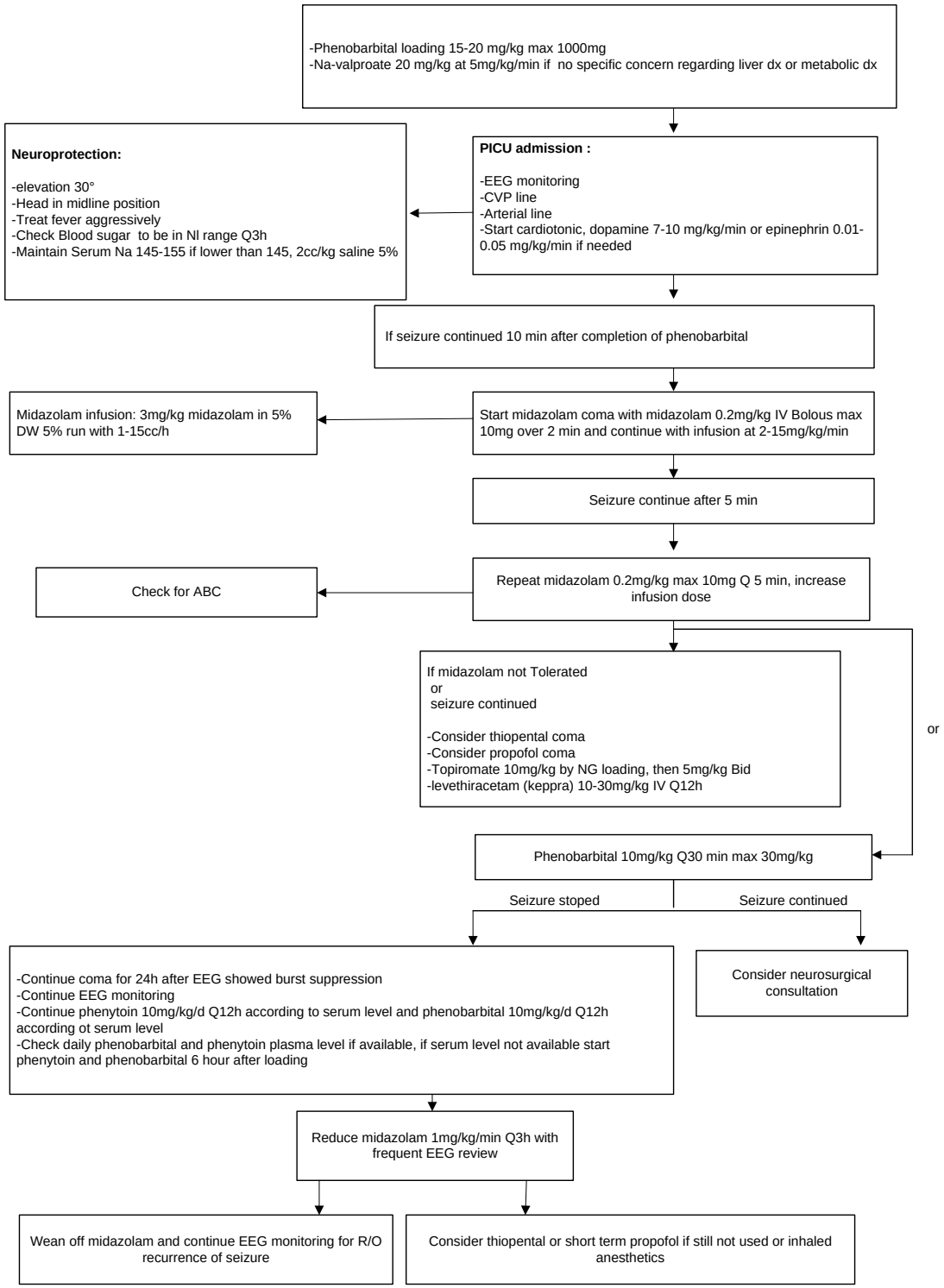
Prolonged Seizure and status epilepticus in pediatric patient




-Phenobarbital loading 15-20 mg/kg max 1000mg
-Na-valproate 20 mg/kg at 5mg/kg/min if no specific concern regarding liver dx or metabolic dx
Neuroprotection:
-elevation 30°
-Head in midline position
-Treat fever aggressively
-Check Blood sugar to be in NI range Q3h
-Maintain Serum Na 145-155 if lower than 145, 2cc/kg saline 5%
PICU admission :
-EEG monitoring
-CVP line
-Arterial line
-Start cardiotonic, dopamine 7-10 mg/kg/min or epinephrin 0.01-0.05 mg/kg/min if needed
If seizure continued 10 min after completion of phenobarbital
Midazolam infusion: 3mg/kg midazolam in 5% DW 5% run with 1-15cc/h
Start midazolam coma with midazolam 0.2mg/kg IV Bolous max 10mg over 2 min and continue with infusion at 2-15mg/kg/min
Seizure continue after 5 min
Check for ABC
Repeat midazolam 0.2mg/kg max 10mg Q 5 min, increase infusion dose
If midazolam not Tolerated
or
seizure continued
-Consider thiopental coma
-Consider propofol coma
-Topiromate 10mg/kg by NG loading, then 5mg/kg Bid
-levethiracetam (keppra) 10-30mg/kg IV Q12h
or
Phenobarbital 10mg/kg Q30 min max 30mg/kg
Seizure stoped
Seizure continued
-Continue coma for 24h after EEG showed burst suppression
-Continue EEG monitoring
-Continue phenytoin 10mg/kg/d Q12h according to serum level and phenobarbital 10mg/kg/d Q12h according ot serum level
-Check daily phenobarbital and phenytoin plasma level if available, if serum level not available start phenytoin and phenobarbital 6 hour after loading
Consider neurosurgical consultation
Reduce midazolam 1mg/kg/min Q3h with frequent EEG review
Wean off midazolam and continue EEG monitoring for R/O recurrence of seizure
Consider thiopental or short term propofol if still not used or inhaled anesthetics