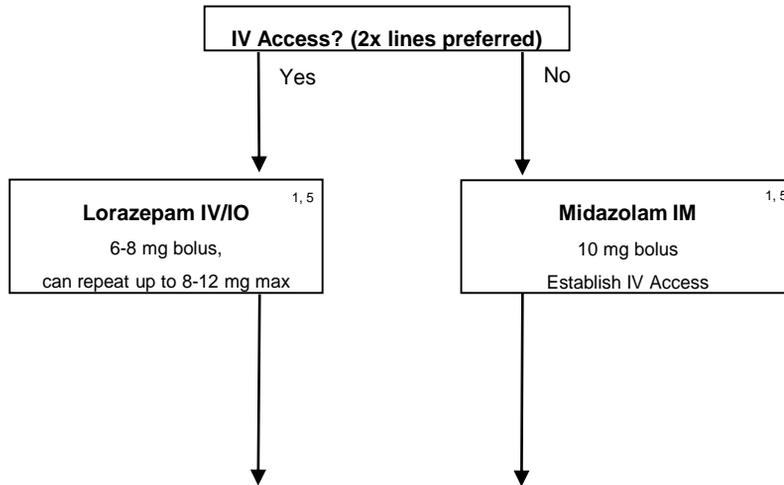


Adult Status Epilepticus Protocol*

Impending SE

≥5 minutes of continuous seizure activity or repeated episodes without return to baseline²



Monitor:^{1,2}

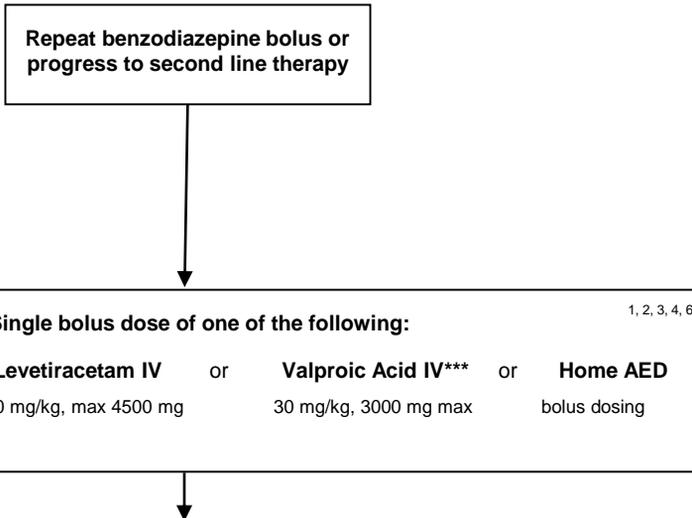
- Airway
- Non-invasive airway protection: suction, O₂, airway positioning
- Breathing
- Circulation

Workup:

- Fingerstick glucose
- STAT sodium

Established SE

Seizure continues after bolus dosing of benzodiazepine therapy²



Monitor:

- Airway
- Prepare to intubate patient
- Breathing
- Circulation

Workup:^{1,2}

- CBC, CMP, serum AED levels
- Head CT, EEG (obtain for any first time seizure)
- If febrile, LP & blood culture

Intervention:

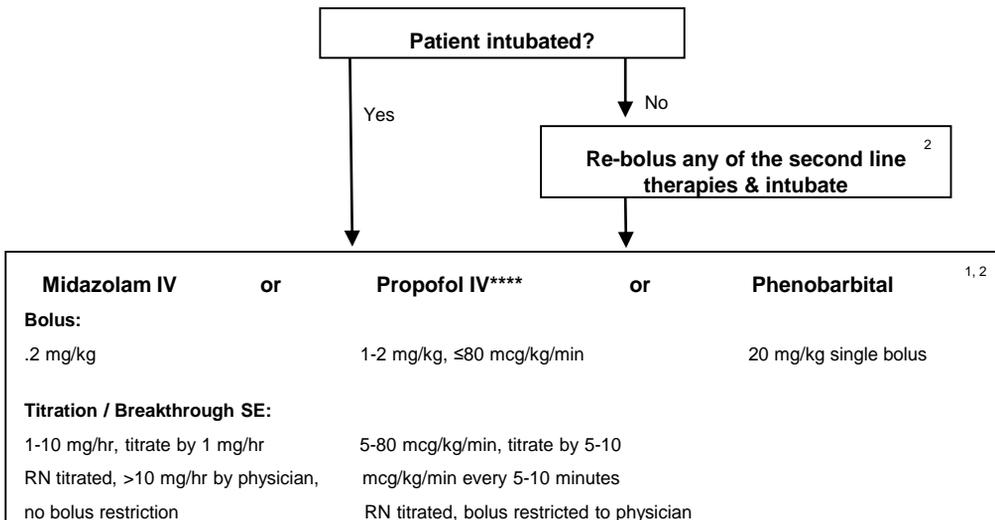
- Treat possible etiologies

Consult:

- Neurology

Refractory SE

Seizure activity continues after bolus dosing of benzodiazepine and second line therapy²



Monitor:^{1,2}

- Airway
- Intubate patient
- Breathing
- Circulation
- Continuous EEG

Intervention:^{1,2}

- Titrate drip to achieve seizure activity-free cEEG
- Ensure adequate access (consider central venous line)

* Protocol intended to guide treatment of status epilepticus in adult patients not due to toxic etiology

** Fosphenytoin max rate is limited to 150 mg/min

*** Valproic acid should not be used if patient has liver or metabolic diseases

**** High dose, long duration propofol drips must be monitored for propofol-related infusion syndrome

- *This guideline was ratified by the emergency department faculty at Maine Medical Center in December, 2018. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.*
- *Produced by Aaron Blau, Andrew Perron, MD and Jeffrey A. Holmes, MD*