depression is a potential side effect of these medications when more than two doses are given (Abend and Loddenkemper, 2014); however, respiratory depression is not a side effect of rectal diazepam when it is administered as recommended (Shorvon, 2011). Intranasal midazolam is safe and effective for stopping seizures and also easier to administer than rectal diazepam or buccal lorazepam.

For in-hospital management of status epilepticus, IV lorazepam (Ativan) is the first-line drug of choice (Abend and Loddenkemper, 2014). Lorazepam is the preferred agent because of its rapid onset (2 to 5 minutes) and long half-life (12 to 24 hours). If IV access has not been established, rectal diazepam or intramuscular (IM), intranasal, or buccal midazolam should be given (Abend and Loddenkemper, 2014). The child must be closely monitored during administration to detect early alterations in vital signs that may indicate impending respiratory depression. When a benzodiazepine (diazepam or lorazepam) is ineffective, IV phenytoin or fosphenytoin or IV phenobarbital is given as the next line of treatment. This combination of therapy places the child at high risk for apnea; respiratory support is generally necessary. Children may also receive other antiepileptic medications including IV valproate or levetiracetam. Children who continue to have seizures despite this drug treatment may require general anesthesia with a continuous infusion of midazolam, propofol, or pentobarbital (Abend and Loddenkemper, 2014). In this situation, the child will need to be intubated and continuous EEG monitoring begun to monitor for and treat electrographic seizures (Abend and Loddenkemper, 2014).

Nursing care of a child with status epilepticus includes, in addition to the CABs of life support, monitoring blood pressure and body temperature. During the first 30 to 45 minutes of the seizure, the blood pressure may be elevated. Thereafter, the blood pressure typically returns to normal but may be decreased depending on the medications being administered for seizure control. Hyperthermia requiring treatment may occur as a result of increased motor activity. Status epilepticus is a medical emergency that requires immediate intervention to prevent possible brain injury and death. Diagnosis and correction of the underlying cause of the status epilepticus is essential.