

APLS: Status epilepticus

5 MINS From onset of convulsion

STEP 1

Secure airway
High flow oxygen
Consider reversible causes
(Don't ever forget glucose)

- Individual emergency plan takes precedence
- Early anaesthetic support if ABC concern
- Pre-hospital benzodiazepine doses count

Vascular access

YES

NO

Lorazepam (IV / IO)
or IV midazolam

Midazolam
(buccal or intranasal)

OR

Diazepam (rectal)

Pre-hospital
(trained parent(s) /
carer(s) / paramedics)
OR
In hospital

5 MINS After 1st benzodiazepine

Convulsion ongoing?
(check ABCDE)

NO

Monitor

ANTICIPATE
Get 2nd dose
benzodiazepine
ready

Maximum 2 doses
(including pre-
hospital doses)

YES

Vascular access?

YES

NO

Lorazepam (IV / IO)
or IV midazolam

Midazolam
(buccal or intranasal)

OR

Diazepam (rectal)

Pre-hospital (with
paramedics)
OR
In hospital

STEP 2

Convulsion ongoing?
(check ABCDE)

NO

Monitor

ANTICIPATE
Get levetiracetam
ready

YES

5 MINS After 2nd benzodiazepine

STEP 3

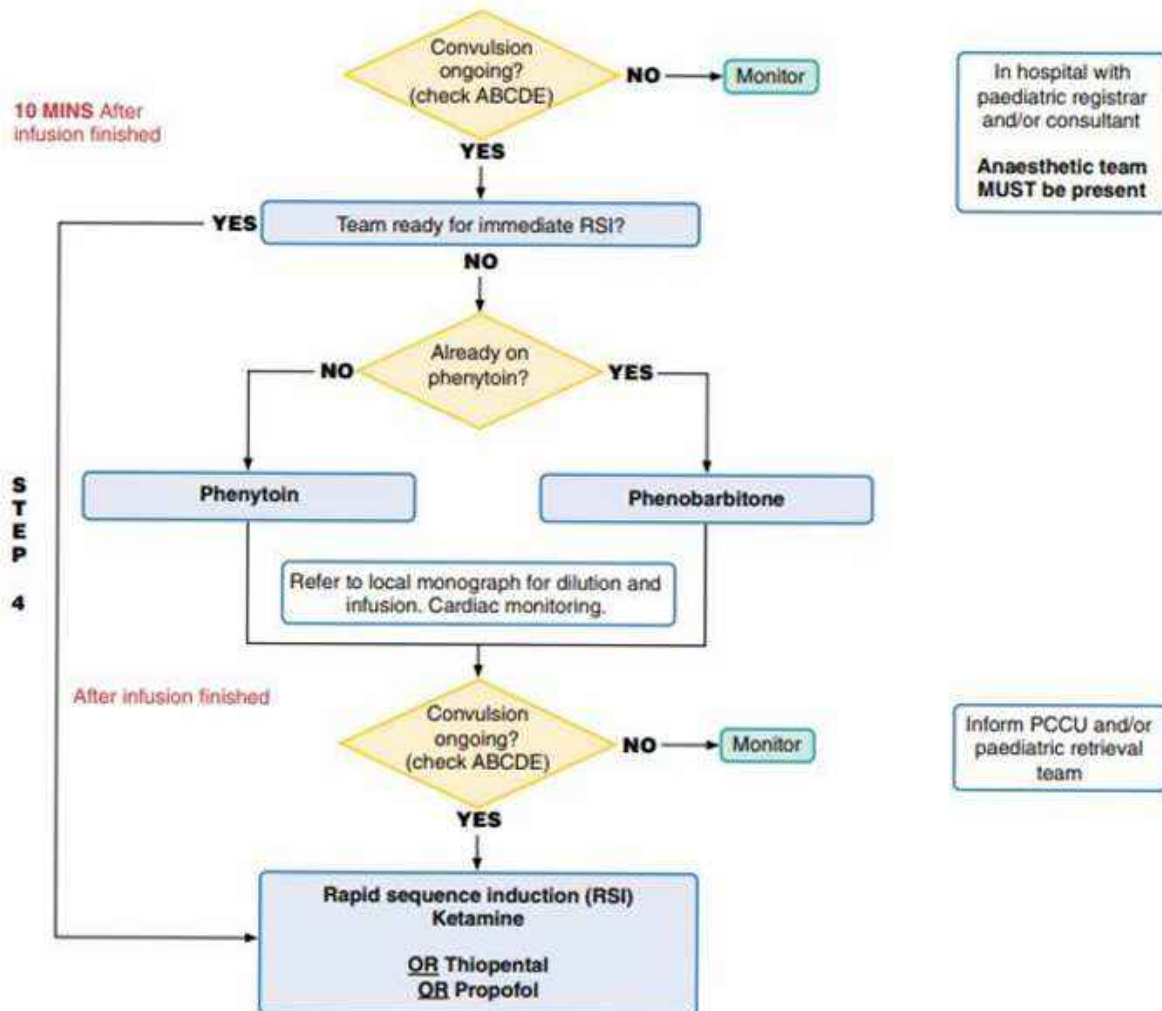
Levetiracetam

Refer to local monograph for dilution
and infusion

ANTICIPATE
Get phenytoin /
phenobarbitone
ready

Prepare for RSI

APLS: Status epilepticus (continued)



Lorazepam (IV/IO)	0.1 mg/kg (max 4 mg)
Midazolam (IV/IO)	0.15 mg/kg (max 10 mg)
Midazolam (buccal or intranasal)	3–11 months 2.5 mg
	1–4 years 5 mg
	5–9 years 7.5 mg
	10–17 years 10 mg
	~ 0.3 mg/kg (max 10 mg)
Diazepam (rectal)	1 month–1 year 5 mg
	2–11 years 5–10 mg
	12–17 years 10–20 mg
	~ 0.5 mg/kg (max 20 mg)

Levetiracetam	40 mg/kg IV/IO (max 3 g) Give over 5 minutes
Phenytoin	20 mg/kg IV/IO (max 2 g) give over 20 minutes
Paraldehyde	0.8 ml/kg (max 20 ml) PR of premixed 50:50 solution in olive oil
Phenobarbitone	20 mg/kg IV/IO (max 1 g) give over 20 minutes
Ketamine	1–2 mg/kg
Thiopental (thiopentone)	3–5 mg/kg IV/IO
Propofol	(refer to local monograph)