**TABLE e-1** 

Probability of stopping seizures (SS) by different rescue medications. If the population was mixed we only analyzed the patients with convulsive SE that received only benzodiazepines before the second-line non-BZD AED.

Author and year (N = Number of SE episodes)	Setting and timeline	Type of study and level of evidence	Age of the patients (in years)	Dose	Definition of SE	Definition of seizures/S E stop	Probabilit y of stopping prolonged seizures/S E	Additional details
PHENYTOIN								
Brevoord et al, 2005 <sup>1</sup> (N = 64)	Rotterda m, The Netherla nds 1995- 2001	Retrospec tive study	Median (range): 2 (0.04- 16.45)	20 mg/Kg	Single seizure lasting more than 30 min or multiple seizures relapsing within 30 min without recovery of consciousne ss between each seizure. Patients refractory to benzodiazep ine (iv or rectal midazolam sometimes preceded by rectal diazepam)	No clinical evidence of seizures during at least 30 min	19/64 (0.2969)	76% of patients were younger than 5yo
Agarwal et al, 2007 <sup>2</sup> (N = 50)	Kanpur, India 2004- 2006	Randomiz ed prospectiv e study	Mean ± SD 27 ± 15.1	20mg/Kg	Continuous or repeated seizure activity for more than 5 minutes without recovery of consciousne ss. Patients refractory to IV diazepam	All motor or EEG seizure activity ceased ≤20 min from beginning of infusion and no return of seizure activity for 12h	42/50 (0.84) Among patients <18yo: 12/16 (0.75)	48% of patients had SE for >2h on presentation 16 episodes in patients younger than 18yo
Tiamkao & Sawanyawis uth, 2009 <sup>3</sup> (N = 37)	Khon Kaen, Thailand 2005- 2007	Retrospec tive analysis	Adults ≥15yo	15-20 mg/Kg	≥2 generalized convulsions without full recovery of consciousne ss between	Seizure control that ceased within 30 minutes after the medication	17/37 (0.4595)	

		Determine	Marin CD	20	seizures or continuous convulsive activity for more than 10 min Refractory to iv diazepam	with no additional antiepilept ic medication required for at least 24 hours after seizure cessation	41/70	Frank de d
Alvarez et al, 2011 <sup>4</sup> (N = 70)	Lausanne , Switzerla nd 2006- 2010	Retrospec tive analysis of a prospectiv e registry	Mean ± SD 57.8 ± 18.1	20 mg/Kg	Continuous occurrence of seizures for >5 min or repeated epileptic seizures without intercurrent baseline recovery Patients refractory to IV benzodiazep ine (clonazepa m or lorazepam)	No need for another AED medication to control SE	(0.5857)	Excluded patients with postanoxic SE and patients <16yo
Ismail et al, 2012 <sup>5</sup> (N = 34)	Montreal, Canada 2002- 2007	Retrospec tive study	Mean $\pm$ SD 1.8 $\pm$ 0.4 in episode with response to PHT 1.9 $\pm$ 0.3 in episodes with no response to PHT	15 mg/Kg	Febrile seizure lasting more than 15 min or ≥2 febrile seizures without return to normal state of consciousne ss between the episodes. Refractory to benzodiazep ines (diazepam, lorazepam, or midazolam)	Ending clinical seizures before the end of the perfusion	9/34 (0.2647)	Only febrile SE
Tiamkao et al, 2013 <sup>6</sup> (N = 37)	Khon Kaen, Thailand 2003- 2010	Retrospec tive study	Median (range) = 40 (16-85)	Mean ± SD 743 (116) mg	>5 min seizures or repeated seizures with no regain of consciousne ss between seizures Refractory	No clinical evidence of seizures	8/37 (0.2162)	

					to iv DZP			
Chitsaz et al, 2013 <sup>7</sup> (N = 15)	Isfahan, Iran 2009- 2010	Randomiz ed prospectiv e study	Mean (SD) = 45.5 ± 20.4	20 mg/Kg	10mg >5 min seizures or repeated seizures with no regain of consciousne ss between seizures Refractory to 2 doses of iv DZP 0.15 mg/Kg	Response to treatment within 12 hours	9/15 (0.6)	
Chakravarh i et al, 2015 (N = 22)	Chandiga rh, India 2012- 2013	Prospective erandomize d open label study	Mean (SD) = 31.8 ± 12.7	20 mg/Kg	Continuous generalized convulsive seizure > 5 min or ≥ 2 seizures during which the patient does not regain normal sensorium Refractory to iv LZP	Clinical terminatio n of seizure activity within 30 min of AED initiation	15/22 (0.6818)	generalized convulsive SE, 1 focal convulsive SE
Mundlarmu ri et al, 2015 <sup>9</sup> (N = 50)	Bangalor e, India 2010- 2013	Prospectiv e randomize d study	Mean (SD) = 33.2 ± 13.4	20 mg/Kg	Continuous generalized seizures ≥ 10 min or ≥ 2 seizures without complete recovery of consciousne ss in between Refractory to iv LZP 4-6mg	No recurrence of seizures after 30 min of completio n of AED infusion with substantial improvem ent in sensorium over next 24 hours or sensorium did not improve substantial ly, but EEG excluded non-convulsive SE	34/50 (0.68)	
Gujjar et al, 2017 <sup>10</sup> (N = 30)	Muscat, Oman Time period not specified	Prospectiv e study, open label	Mean ± SD 37 ± 19	20 m/Kg	Generalized tonic-clonic seizures > 5 min or recurrent generalized tonic-clonic	Cessation of clinical seizures, improvem ent in mental status, and	21/30 (0.7)	

DHENOR A D					seizures with no regaining of consciousne ss between attacks or partial seizures > 10 min Refractory to initial benzodiazep ine (LZP 4mg or DZP 5-10mg)	no recurrence of seizures over 24h		
PHENOBAR Malamiri et	Theran,	Prospectiv	Median	20 mg/Kg	Continuous	Terminatio	23/30	Pediatric
al, 2012 <sup>11</sup> (N = 30)	Iran 2008- 2010	e randomize d study	(range) 4 (3-11)		generalized convulsive seizure lasting longer than 5 min No response to iv diazepam within 5 min	n of all convulsive activity within 20 minutes of initiation without respiratory depression or hypotensio n and without another convulsion within 1h	(0.7667)	patients ≥2yo
Su et al, 2016 <sup>12</sup>	Beijing, China	Prospectiv e	Mean (SD) = $37.1 \pm 15$	20 mg/Kg	≥5 min of continuous	Cessation of clinical	30/37 (0.8108)	All cases were
(N = 37)	2011-2015	randomize d study			clinical and/or electrograph ic seizure activity without recovery between seizures. Refractory to 2 doses of DZP 0.2 mg/Kg	and EEG seizure activity within 20 min of AED administra tion		generalized convulsive SE
Lee et al, 2016 <sup>13</sup> (N = 10)	Seoul, South Korea 2008- 2013	Retrospec tive study	Median (range) 1.2 (0.08-13.9) in the 50 patients with SE or acute repetitive seizures	Median (range): 20mg/Kg (10-20) mg/Kg	≥5 min of continuous seizure activity or recurrent seizures without recovery of consciousne ss within 30 min Refractory to benzodiazep	Clinical seizure cessation within 30 minutes of completio n of the infusion without recurrence during the following 24 hours	10/10 (1)	Excluded 40 patients with acute repetitive seizures with return to consciousne ss between episodes

TALE DE CAME	3				ines			
VALPROATI Agarwal et al, 2007 <sup>2</sup> (N = 50)	Emergen cy room and ICU in Kanpur, India from 2004 to 2006	Randomiz ed prospectiv e study	Mean (SD) = 27.4 ± 16.8	20mg/Kg	Continuous or repeated seizure activity for more than 5 minutes without recovery of consciousne ss. Patients refractory to IV diazepam	All motor or EEG seizure activity ceased ≤20 min from beginning of infusion and no return of seizure activity for 12h	44/50 (0.88) Among patients <18yo: 20/22 (0.9091)	40% of patients had SE for >2h on presentation 22 episodes in patients younger than 18yo
Olsen et al, 2007 <sup>14</sup> (N = 37)	Oslo, Norway After 2003	Prospectiv e registry	Median (range): 45 (20-89)	25 mg/Kg	Ongoing epileptic activity for a minimum of 5 min or repeated epileptic seizures Refractory to diazepam	Seizure control at the end of the bolus dose	27/37 (0.7297)	Excluded 4 patients who received a bolus of iv propofol or iv barbiturate before valproate
Yu et al, 2007 <sup>15</sup> (N = 15)	Los Angeles, Californi a Time period not specified	Retrospec tive study	Mean (range) 7.5 (0.08- 19) [among the 40 patients in the study]	25 mg/Kg	Status epilepticus not further specified Refractory to lorazepam	Seizures stopped within 20 minutes of end of infusion	15/15 (1)	Excluded 22 patients with breakthroug h seizures secondary to subtherapeu tic VPA levels and 3 patients with SE who received PHT, PB, or both before VPA
Tiamkao & Sawanyawis uth, 2009 <sup>3</sup> (N = 12)	Khon Kaen, Thailand 2005- 2007	Retrospec tive study	Adults ≥15yo	15-25 mg/Kg	≥2 generalized convulsions without full recovery of consciousne ss between seizures or continuous convulsive activity for more than 10 min Refractory to iv diazepam	Seizure control that ceased within 30 minutes after the medication with no additional antiepilept ic medication required for at least 24 hours after seizure	9/12 (0.75)	
Alvarez et	Lausanne	Retrospec	Mean ± SD	20 mg/Kg	Continuous	No need	44/59	Excluded

al, 2011 <sup>4</sup> (N = 59)	Switzerla nd 2006- 2010	tive analysis of a prospectiv e registry	64 ± 18.9		occurrence of seizures for >5 min or repeated epileptic seizures without intercurrent baseline recovery Patients refractory to IV benzodiazep ine (clonazepa m or lorazepam)	for another AED medication to control SE	(0.7458)	patients with postanoxic SE and patients <16yo
Chen et al, 2011 <sup>16</sup> (N = 30)	Beijing, China 2007- 2010	Prospectiv e open- label randomize d study	Mean ± SD 40.8 ± 23.2	30 mg/Kg	≥5 min of continuous seizures or ≥2 seizures between which there is incomplete recovery of consciousne ss Refractory to 2 doses of DZP iv 0.2mg/Kg	Control of clinical and EEG seizures within one hour of mediacatio n and no recurrence in 6 hours	15/30 (0.5)	Viral encephalitis as cause of SE in 40% of patients
Malamiri et al, 2012 <sup>11</sup> (N = 30)	Theran, Iran 2008- 2010	Prospectiv e randomize d study	Median (range) 5 (3-16)	20 mg/Kg	Continuous generalized convulsive seizure lasting longer than 5 min No response to iv diazepam within 5 min	Terminatio n of all convulsive activity within 20 minutes of initiation without respiratory depression or hypotensio n and without another convulsion within 1h	27/30 (0.9)	Pediatric patients ≥2yo
Tiamkao et al, 2013 <sup>6</sup> (N = 17)	Khon Kaen, Thailand 2003- 2010	Retrospec tive study	Median (range) = 42 (16-76)	Mean ± SD 1000 (239) mg	>5 min seizures or repeated seizures with no regain of consciousne ss between seizures Refractory to iv DZP 10mg	No clinical evidence of seizures	8/17 (0.4706)	

Chitsaz et al, 2013 <sup>7</sup> (N = 15)	Isfahan, Iran 2009- 2010	Randomiz ed prospectiv e study	Mean (SD) = 47.4 ± 14	20 mg/Kg	>5 min seizures or repeated seizures with no regain of consciousne ss between seizures Refractory to 2 doses of iv DZP 0.15 mg/Kg	Response to treatment within 12 hours	11/15 (0.7333)	
Mundlarmu ri et al, 2015 <sup>9</sup> (N = 50)	Bangalor e, India 2010- 2013	Prospective randomize d study	Mean (SD) = 33.1 ± 12	30 mg/Kg	Continuous generalized seizures ≥ 10 min or ≥ 2 seizures without complete recovery of consciousne ss in between Refractory to iv LZP 4-6mg	No recurrence of seizures after 30 min of completio n of AED infusion with substantial improvem ent in sensorium over next 24 hours or sensorium did not improve substantial ly, but EEG excluded non- convulsive SE	34/50 (0.68)	
Su et al, 2016 <sup>12</sup> (N = 36)	Beijing, China 2011- 2015	Prospectiv e randomize d study	Mean (SD) = 45.3 ± 18.1	30 mg/Kg	≥5 min of continuous clinical and/or electrograph ic seizure activity without recovery between seizures. Refractory to 2 doses of DZP 0.2 mg/Kg	Cessation of clinical and EEG seizure activity within 20 min of AED administra tion	16/36 (0.4444)	All cases were generalized convulsive SE
Misra et al, 2017 <sup>17</sup> (N = 33)	Lucknow , India 2013- 2016	Prospectiv e randomize d open- label study	Median (range): 40 (18-85)	30 mg/Kg	≥5 min of continuous convulsions or ≥ 2 convulsive seizures without full recovery.	Seizure cessation for 1 hour after the infusion of the study drug	23/33 (0.6970)	Exclusion of non- convulsive SE

LEVETIRAC	ЕТАМ				Refractory to 2 doses of IV LZP 4mg			
Knake et al, 2008 <sup>18</sup> (N = 13)	Marburg, Germany 2006- 2007	Retrospec tive study	Median (range) 67 (35-90)	Mean ± SD loading dose: 846 ± 415 mg  Mean ± SD maintenanc e dose over 24h: 2154 ± 1505 mg	≥30 min of continuous seizure activity or a series of seizures without return to full consciousne ss between seizures ≥30 min	No need for other AEDs	11/13 (0.8462)	Focal SE Patients did not receive PHT because of liver failure, elevated liver enzimes, cardiac arrhythmia, or comedicatio n
Berning et al, 2009 <sup>19</sup> (N = 28)	Northern Germany (Osnabrü ck, Rotenbur g, and Kiel) 2007- 2008	Retrospec tive study	Median (p <sub>25</sub> -p <sub>75</sub> ): 78 (68.3- 84.5) low initial benzodiaze pine Median (p <sub>25</sub> -p <sub>75</sub> ): 68 (53- 76.3) mediumhigh initial benzodiaze pine	1000mg- 3000mg	Convulsive seizures lasting at least 5 min or recurrent seizures without regaining full consciousne ss or partial seizures lasting at least 20 min. Low initial benzodiazep ine: Not more than 2mg of LZP or a comparable dose of benzodiazep ine. Mediumhigh initial benzodiazep ine: Appropriate initial dose of benzodiazep ine: Appropriate initial dose of benzodiazep ine:	Cessation of SE as shown by neurologic examination, EEG, or both. SE controlled within 30 minutes of LEV initiation	10/28 (0.3571) 3/8 (0.375) low initial benzodiaze pine 7/20 (0.35) medium- high initial benzodiaze pine	Semiology: 4 convulsive generalized, 6 subtle SE, 12 complex focal, 6 simple focal Semiology low initial benzodiazep ine: 1 convulsive generalized, 1 subtle SE, 6 complex focal Semiology medium- high initial benzodiazep ine: 3 convulsive generalized, 5 subtle SE, 6 complex focal Semiology medium- high initial benzodiazep ine: 3 convulsive generalized, 5 subtle SE, 6 complex focal, 6 simple focal
Eue et al, 2009 <sup>20</sup> (N = 33)	Bernburg , Germany 2006- 2008	Prospectiv e study	Mean (range) 67 (43-92) for the whole population of 43 patients with convulsive	1000mg	Generalized convulsive $SE \ge 5$ min or simple, complex focal, myoclonic, and $SE \ge 30$ min.	Cessation of clinical seizures within 3 min of LEV administra tion	16/33 (0.4849) 0/8 (0) in generalized tonic-clonic SE 11/18 (0.6111) in	Semiology: 8 generalized tonic- clonic, 18 convulsive complex focal, 5 simple

Gámez- Leyva et al, 2009 (N = 16)	Salamanc a and Santande r, Spain 2007- 2008	Retrospec tive study	Median (p25-p75): 77 (64.8-84.8)	1000 mg in the full cohort of 34 patients	No response to benzodiazep ines (lorazepam 2-6mg or diazepam 5-10mg) ≥30 min of continuous seizures or a series of seizures without return to full consciousne ss for at least 30 min and/or confirmation of SE on EEG Refractory to 20mg of iv DZP	No seizures within, at most, 8h after iv LEV, no other AED needed, and no recurrence of SE during the hospital stay	complex partial 3/5 (0.6) in simple focal 2/2 (1) in myoclonic SE 10/16 (0.625)	focal, 2 myoclonic Excluded patients with nonconvulsi ve SE and subtle SE 7 partial secondarily generalized SE, 5 partial motor SE, 3 complex partial SE, 1 primary generalized SE. Excluded patients who received iv PHT or iv VPA before LEV. Considered a threshold for response of 8h since iv LEV
Alvarez et al, 2011 <sup>4</sup> (N = 58)	Lausanne , Switzerla nd 2006- 2010	Retrospec tive analysis of a prospectiv e registry	Mean ± SD 66.1 ± 14.9	20 mg/Kg	Continuous occurrence of seizures for >5 min or repeated epileptic seizures without intercurrent baseline recovery Patients refractory to IV benzodiazep ine (clonazepa m or lorazepam)	No need for another AED medication to control SE	30/58 (0.5172)	Excluded patients with postanoxic SE and patients <16yo
Standish et al, 2011 <sup>21</sup> (N = 9)	Wilmingt on, DE 2007- 2008	Retrospec tive study	Median (p25-p75): 4 (2-8)	Median (range): 33.3 (16-98.8) mg/Kg in the 20 patients where LEV was used not as second-line after initial benzodiaze	Clinical diagnosis of SE. Refractory to initial benzodiazep ine (LZP, MDZ, or DZP)	No need for another AED to control SE	9/9 (1)	Excluded patients where LEV was used as first line without prior benzodiazep ine or after use of other non-benzodiazep ine AED

				pine				
Atmaca et al, 2015 <sup>22</sup> (N = 10)	Istanbul, Turkey 2010- 2013	Prospectiv e study	Median (p25-p75): 51 (45.8- 52.8)	Median (p25-p75): 2000 (2000- 3000) mg	Convulsive SE ≥ 5 min Refractory to benzodiazep ine	Cessation of clinical seizures	7/10 (0.7)	Excluded patients with non-convulsive SE and epilepsia partialis continua
Chakravarh i et al, 2015 (N = 22)	Chandiga rh, India 2012- 2013	Prospectiv e randomize d open label study	Mean (SD) = 39 ± 18.4	20 mg/Kg	Continuous generalized convulsive seizure > 5 min or ≥ 2 seizures during which the patient does not regain normal sensorium Refractory to iv LZP	Clinical terminatio n of seizure activity within 30 min of AED initiation	13/22 (0.5909)	generalized convulsive SE, 2 focal convulsive SE
Mundlarmu ri et al, 2015 <sup>9</sup> (N = 50)	PHT Bangalor e, India 2010- 2013	Prospective randomize d study	Mean (SD) = 34.8 ± 13.6	25 mg/Kg	Continuous generalized seizures ≥ 10 min or ≥ 2 seizures without complete recovery of consciousne ss in between Refractory to iv LZP 4-6mg	No recurrence of seizures after 30 min of completio n of AED infusion with substantial improvem ent in sensorium over next 24 hours or sensorium did not improve substantial ly, but EEG excluded non-convulsive SE	39/50 (0.78)	
Lee et al, 2016 <sup>13</sup> (N = 12)	Seoul, South Korea 2008- 2013	Retrospec tive study	Median (range) 1.7 (0.17-14.4) in the 38 patients with SE or acute repetitive seizures	Median (range): 30mg/Kg (20-30) mg/Kg	≥5 min of continuous seizure activity or recurrent seizures without recovery of consciousne ss within 30 min Refractory to	Clinical seizure cessation within 30 minutes of completio n of the infusion without recurrence during the following 24 hours	4/12 (0.3333)	Excluded 26 patients with acute repetitive seizures with return to consciousne ss between episodes

					benzodiazep ines			
Gujjar et al, 2017 <sup>10</sup> (N = 22)	Muscat, Oman Time period not specified	Prospectiv e study, open label	Mean ± SD 38 ± 19	30 mg/Kg	Generalized tonic-clonic seizures > 5 min or recurrent generalized tonic-clonic seizures with no regaining of consciousne ss between attacks or partial seizures > 10 min Refractory to initial benzodiazep ine (LZP 4mg or DZP 5-10mg)	Cessation of clinical seizures, improvem ent in mental status, and no recurrence of seizures over 24h	18/22 (0.8182)	
LACOSAMII								
d'Orsi et al, 2016 <sup>23</sup> (N = 9)	Foggia and Rome, Italy 2011- 2015	Prospectiv e observatio nal study	Mean (range): 60 (45-85)	200 mg	Convulsive SE that did not respond to benzodiazep ines (IV DZP)	Cessation of SE within 20 min and without other AED administer ed	7/9 (0.7778)	
Misra et al, 2017 <sup>17</sup> (N = 33)	Lucknow , India 2013- 2016	Prospectiv e randomize d open- label study	Median (range): 40 (18-90)	400 mg	≥5 min of continuous convulsions or ≥ 2 convulsive seizures without full recovery. Refractory to 2 doses of IV LZP 4mg	Seizure cessation for 1 hour after the infusion of the study drug	21/33 (0.6364)	

**Legend: AEDs:** Antiepileptic drugs. **DZP:** Diazepam. **EEG:** Electroencephalogram. **h:** Hours. **ICU:** Intensive care unit. **h:** hours. **IV:** Intravenous. **LAC:** Lacosamide. **LEV:** Levetiracetam. **LZP:** Lorazepam. **MDZ:** Midazolam. **min:** Minutes. **p**<sub>25</sub>-**p**<sub>75</sub>: 25<sup>th</sup>-75<sup>th</sup> quartile. **PB:** Phenobarbital. **PHT:** Phenytoin. **SD:** Standard deviation. **SE:** Status epilepticus. **VPA:** Valproate. **yo:** Year-old.

## REFERENCES

- 1. Brevoord JC, Joosten KF, Arts WF, van Rooij RW, de Hoog M. Status epilepticus: clinical analysis of a treatment protocol based on midazolam and phenytoin. Journal of child neurology 2005;20:476-481.
- 2. Agarwal P, Kumar N, Chandra R, Gupta G, Antony AR, Garg N. Randomized study of intravenous valproate and phenytoin in status epilepticus. Seizure 2007;16:527-532.
- 3. Tiamkao S, Sawanyawisuth K. Predictors and prognosis of status epilepticus treated with intravenous sodium valproate. Epileptic disorders: international epilepsy journal with videotape 2009;11:228-231.
- 4. Alvarez V, Januel JM, Burnand B, Rossetti AO. Second-line status epilepticus treatment: comparison of phenytoin, valproate, and levetiracetam. Epilepsia 2011;52:1292-1296.
- 5. Ismail S, Levy A, Tikkanen H, Severe M, Wolters FJ, Carmant L. Lack of efficacy of phenytoin in children presenting with febrile status epilepticus. The American journal of emergency medicine 2012;30:2000-2004.
- 6. Tiamkao S, Sawanyawisuth K, Chancharoen A. The efficacy of intravenous sodium valproate and phenytoin as the first-line treatment in status epilepticus: a comparison study. BMC neurology 2013;13:98.
- 7. Chitsaz A, Mehvari J, Salari M, Gholami F, Najafi MR. A comparative assessment the efficacy of intravenous infusion of sodium valproate and phenytion in the treatment of status epilepticus. International journal of preventive medicine 2013;4:S216-221.
- 8. Chakravarthi S, Goyal MK, Modi M, Bhalla A, Singh P. Levetiracetam versus phenytoin in management of status epilepticus. Journal of clinical neuroscience: official journal of the Neurosurgical Society of Australasia 2015;22:959-963.
- 9. Mundlamuri RC, Sinha S, Subbakrishna DK, et al. Management of generalised convulsive status epilepticus (SE): A prospective randomised controlled study of combined treatment with intravenous lorazepam with either phenytoin, sodium valproate or levetiracetam--Pilot study. Epilepsy research 2015;114:52-58.
- 10. Gujjar AR, Nandhagopal R, Jacob PC, et al. Intravenous levetiracetam vs phenytoin for status epilepticus and cluster seizures: A prospective, randomized study. Seizure 2017;49:8-12.
- 11. Malamiri RA, Ghaempanah M, Khosroshahi N, Nikkhah A, Bavarian B, Ashrafi MR. Efficacy and safety of intravenous sodium valproate versus phenobarbital in controlling convulsive status epilepticus and acute prolonged convulsive seizures in children: a randomised trial. European journal of paediatric neurology: EJPN: official journal of the European Paediatric Neurology Society 2012;16:536-541.
- 12. Su Y, Liu G, Tian F, et al. Phenobarbital Versus Valproate for Generalized Convulsive Status Epilepticus in Adults: A Prospective Randomized Controlled Trial in China. CNS drugs 2016;30:1201-1207.
- 13. Lee YJ, Yum MS, Kim EH, Ko TS. Intravenous levetiracetam versus phenobarbital in children with status epilepticus or acute repetitive seizures. Korean journal of pediatrics 2016;59:35-39.
- 14. Olsen KB, Tauboll E, Gjerstad L. Valproate is an effective, well-tolerated drug for treatment of status epilepticus/serial attacks in adults. Acta neurologica Scandinavica Supplementum 2007;187:51-54.
- 15. Yu KT, Mills S, Thompson N, Cunanan C. Safety and efficacy of intravenous valproate in pediatric status epilepticus and acute repetitive seizures. Epilepsia 2003;44:724-726.
- 16. Chen WB, Gao R, Su YY, et al. Valproate versus diazepam for generalized convulsive status epilepticus: a pilot study. European journal of neurology 2011;18:1391-1396.

- 17. Misra UK, Dubey D, Kalita J. Comparison of lacosamide versus sodium valproate in status epilepticus: A pilot study. Epilepsy & behavior: E&B 2017;76:110-113.
- 18. Knake S, Gruener J, Hattemer K, et al. Intravenous levetiracetam in the treatment of benzodiazepine refractory status epilepticus. Journal of neurology, neurosurgery, and psychiatry 2008;79:588-589.
- 19. Berning S, Boesebeck F, van Baalen A, Kellinghaus C. Intravenous levetiracetam as treatment for status epilepticus. Journal of neurology 2009;256:1634-1642.
- 20. Eue S, Grumbt M, Muller M, Schulze A. Two years of experience in the treatment of status epilepticus with intravenous levetiracetam. Epilepsy & behavior : E&B 2009;15:467-469.
- 21. Standish JC, Hilmas E, Falchek SJ. Levetiracetam for the treatment of pediatric status epilepticus: A case series. J Pediatr Neurol 2011;9:195-201.
- 22. Atmaca MM, Orhan EK, Bebek N, Gurses C. Intravenous levetiracetam treatment in status epilepticus: A prospective study. Epilepsy research 2015;114:13-22.
- 23. d'Orsi G, Pascarella MG, Martino T, et al. Intravenous lacosamide in seizure emergencies: Observations from a hospitalized in-patient adult population. Seizure 2016;42:20-28.