HISTORY: , Neurologic consultation was requested to assess and assist with her seizure medication. The patient is a 3-year 3 months old girl with refractory epilepsy. She had been previously followed by XYZ, but has been under the care of the UCSF epilepsy program and recently by Dr. Y. I reviewed her pertinent previous neurology evaluations at CHCC and also interviewed mom.,The patient had seizure breakthrough in August 2007, which requires inpatient admission, Thanksgiving and then after that time had seizures every other day, up-to-date early December. She remained seizure-free until 12/25/2007 when she had a breakthrough seizure at home treated with Diastat. She presented to our ER today with prolonged convulsive seizure despite receiving 20 mg of Diastat at home. Mom documented 103 temperature at home. In the ER, this was 101 to 102 degrees Fahrenheit. I reviewed the ER notes. At 0754 hours, she was having intermittent generalized tonic-clonic seizures despite receiving a total of 1.5 mg of lorazepam x5. UCSF fellow was contacted. She was given additional fosphenytoin and had a total dose of 15 mg/kg administered. Vital weight was 27. Seizures apparently had stopped. The valproic acid level obtained at 0835 hours was 79. According to mom, her last dose was at 6 p.m. and she did not receive her morning dose. Other labs slightly showed leukocytosis with white blood cell count 21,000 and normal CMP.,Previous workup here showed an EEG on 2005, which showed a left posterior focus. MRI on June 2007 and January 2005 were within normal limits. Mom describes the following seizure types:,1. Eye blinking with

unresponsiveness.,2. Staring off to one side.,3. Focal motor activity in one arm and recently generalized tonic seizure.,She also said that she was supposed to see Dr. Y this Friday, but had postponed it to some subsequent time when results of genetic testing would be available. She was being to physicians' care as Dr. Z had previously being following her last UCSF.,She had failed most of the first and second line anti-epileptic drugs. These include Keppra, Lamictal, Trileptal, phenytoin and phenobarbital. These are elicited to allergies, but she has not had any true allergic reactions to these. Actually, it has resulted in an allergic reaction resulting in rash and hypotension.,She also had been treated with Clobazam. Her best control is with her current regimen of valproic acid and Tranxene. Other attempts to taper Topamax, but this resulted increased seizures. She also has oligohidrosis during this summertime.,CURRENT MEDICATIONS: , Include Diastat 20 mg; Topamax 25 mg b.i.d., which is 3.3 per kilo per day; Tranxene 15 mg b.i.d.; Depakote 125 mg t.i.d., which is 25 per kilo per day.,PHYSICAL EXAMINATION:,VITAL SIGNS: Weight 15 kg.,GENERAL: The patient was awake, she appeared sedated and postictal.,NECK: Supple.,NEUROLOGICAL: She had a few brief myoclonic jerks of her legs during drowsiness, but otherwise no overt seizure, no seizure activity nor involuntary movements were observed.,She was able to follow commands such as when I request that she gave mom a kiss. She acknowledged her doll. Left fundus is sharp. She resisted the rest of the exam. There was no obvious lateralized findings.,ASSESSMENT:,

Status epilepticus resolved. Triggered by a febrile illness, possibly viral. Refractory remote symptomatic partial epilepsy.,IMPRESSION: , I discussed the maximizing Depakote to mom and she concurred. I recommend increasing her maintenance dose to one in the morning, one in the day, and two at bedtime. For today, she did give an IV Depacon 250 mg and the above dosage can be continued IV until she is taking p.o. Dr. X agreed with the changes and orders were written for this. She can continue her current doses of Topamax and Tranxene. This can be given by NG if needed. Topamax can be potentially increased to 25 mg in the morning and 50 mg at night. I will be available as needed during the rest of her hospitalization. Mom will call contact Dr. Y an update him about the recent changes.