| Conway Medical Center CCU-3417-FRM  REV 0 05.10.21  **Conway, South Carolina**  PHYSICIAN’S ORDERS  ER/ICU ONLY  **ANTI-CONVULSANT THERAPY** | | | Center Patient Admission  Label Here |
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| Another brand of drug identical in form and content may be dispensed unless checked. | | Drug Allergies: | |
| **Treatment/Nursing** | The following orders will be initiated for Status Epilepticus.  **1st line (seizures ongoing for 5-10 mins)**   1. Lorazepam 4mg IV (push over 2 mins), if seizure not controlled within 5 mins, repeat 4mg IV x 1   **If no IV access:**   1. Diazepam 20mg rectally or, Midazolam 10mg intranasal/buccal/IM.   **2nd line (If seizures persist 10-30 mins) choose from the following (may be used in combination):**   1. Valproic acid 40mg/kg IV (up to 3 grams max) 2. Levetiracetam 20mg/kg/IV 3. Phenobarbital 20mg/kg IV 4. Fosphenytoin 20mg PE/kg IV or, Phenytoin 20 mg/kg IV. If no effect, can give additional dose: Fosphenytoin 10mg PE/kg IV or Phenytoin 10 mg/kg IV. 5. Lacosamide 400mg IV over 5 min (need EKG pre/post)   **3rd line (If seizures persist 30-60 mins) choose from the following (may be used in combination) Refractory Status Epilepticus:**   1. Midazolam (good choice if BP Unstable)   Loading dose 0.2 mg/kg, administered at a rate of 2 mg/min and repeat every 5 minutes as needed until seizures are controlled by clinical observation. (max load of 2 mg/kg)  Maintenance infusion:  Initial dose =\_\_\_\_\_\_\_\_\_\_ (recommend 0.1 mg/kg/hr) and titrate infusion by 0.1 mg/kg every 5 minutes until seizures are controlled by clinical observation. (Max dose of 2 mg/kg/hr)   1. Propofol   Loading dose 2mg/kg IV. Repeat every 5 mins as needed until seizures are controlled by clinical observation. (max load dose: 10mg/kg)  Maintenance infusion:  Initial dose 20 mcg/kg/min and titrate infusion 5 mcg/kg/min every 5 minutes until seizures are controlled by clinical observation. (max dose of 200 mcg/kg/min)  **MAX DOSE SHOULD NOT BE MAINTAINED FOR MORE THAN 48 HRS**  Use IV fluids and pressors to support BP (anesthetic doses required to treat Refractory Status Epilepticus are much higher than doses used for routine sedation.  Once seizure free for >24-48 hrs, start slow taper of 3rd line meds over 24 hrs, while maintaining high therapeutic levels of AEDs to avoid recurrent seizures. Continue EEG monitoring until seizure free off 3rd line meds for >24 hrs. | | |
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