

Rapid Reference

Status Epilepticus								
PowerPlans	Neuro seizure admit plan							
Definition	Seizure lasting > 30 min or two sequential seizures w/o return to baseline. Neurologic emergency! Refractory SE is > 60 min							
Presentation	Generalized SE, focal SE, hemi-convulsive status w/ hemiparesis							
Differential	Sepsis, hypoglycemia, meningitis/encephalitis, skull fracture/trauma, HTN, mass, herniation							
Treatment	<table><tr><td>Step 1 (0 - 5mins)</td><td><ul style="list-style-type: none">• Monitors• O2• IV access• STAT labs: glucose, CBC, chem10, LFTs, UA/blood/urine cultures if febrile, urine tox screen, AED levels if relevant Lorazepam IV (0.1 mg/kg/dose. Max 4mg) If no access: Diazepam PR (0.5 mg/kg if < 5 yo; 0.3 mg/kg if 6-11 yo; 0.2 mg/kg if > 11 yo) * Note: Rapid redistribution → increased risk of seizure recurrence</td></tr><tr><td>Step 2 (10 - 15mins)</td><td>REPEAT Lorazepam IV (0.1 mg/kg/dose. Max 4mg) + Fosphenytoin IV (20mg/kg infused over 7 min. Will decrease BP) <u>or</u> Keppra IV 60 mg/kg IV (max dose 4500 mg)</td></tr><tr><td>Step 3 (20 - 30mins)</td><td>Consult neurology. Consider LP, EKG. Phenobarbital IV (20mg/kg infused over 15-20m. Will decrease RR; be prepared to intubate/bag)</td></tr></table>		Step 1 (0 - 5mins)	<ul style="list-style-type: none">• Monitors• O2• IV access• STAT labs: glucose, CBC, chem10, LFTs, UA/blood/urine cultures if febrile, urine tox screen, AED levels if relevant Lorazepam IV (0.1 mg/kg/dose. Max 4mg) If no access: Diazepam PR (0.5 mg/kg if < 5 yo; 0.3 mg/kg if 6-11 yo; 0.2 mg/kg if > 11 yo) * Note: Rapid redistribution → increased risk of seizure recurrence	Step 2 (10 - 15mins)	REPEAT Lorazepam IV (0.1 mg/kg/dose. Max 4mg) + Fosphenytoin IV (20mg/kg infused over 7 min. Will decrease BP) <u>or</u> Keppra IV 60 mg/kg IV (max dose 4500 mg)	Step 3 (20 - 30mins)	Consult neurology. Consider LP, EKG. Phenobarbital IV (20mg/kg infused over 15-20m. Will decrease RR; be prepared to intubate/bag)
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Sepsis Huddle
<div> <p>Huddle Steps (Resident Responsibilities)</p> <ol style="list-style-type: none"> 1. Review vital sign trend 2. Examine patient (especially respiratory, mental status, perfusion) 3. Discuss IV access 4. Review antibiotic plan: new agent(s) needed, delivery priority, need for ID consult 4. Consider fluid bolus 5. Discuss plan for repeat assessment <p>USE SEPSIS POWERPLAN TO ENSURE STAT IV ANTIBIOTICS AND FLUIDS</p> </div>