		Neurologic Emerg	encies	
Status Epilep	ticus			
PowerPlans	See new BCH Guidelines			
Definition	_	seizure lasting > 30 min or two sequential seizures w/o return to baseline in between. Neurologic mergency. If lasts greater than 60 min, considered refractory SE.		
Presentation	May be generalized	ay be generalized SE, focal SE, or non-convulsive (altered mental status)		
Differential		ilepsy, electrolyte derangement, febrile status, meningitis/encephalitis, space occupying lesion, oke, hypertensive emergency/PRES, PNES		
Red Flags	Refractory to treatn	fractory to treatment, focal neurologic deficits on examination		
Workup	patients taking AED	itial labs include glucose, chem, UA/blood/urine cultures if febrile, urine tox screen, AED levels in atients taking AEDs, LP if concerns for CNS infections, imaging if examination is focal. ork up is considered following treatment.		
Management	ABC's, correct electrolyte disturbances, call relevant neurology consult service			
	Timing	Meds	Dose	
	First Line (0-5 min)	IV Lorazepam If no access: Diazepam PR	(0.05 -0.1 mg/kg/dose) max 4 mg (0.5 mg/kg if < 5 y; 0.3 mg/kg if 6-11 y; 0.2 mg/kg if > 11 y	
	Second Line: (5 -15 min)	Repeat Benzos x 1 if no response in five minutes	Same dose	
		Fosphenytoin IV	20 phenytoin equivalents/kg/ dose (max 1500 mg)	
		Levetiracetam IV	60 mg/kg (max 4500 mg) over 5-15 minutes	
	Third Line (15-20 min)	Phenobarbital: monitor for resp. depression Give Levetiracetam OR Fosphenytoin (whichever was not previously given)	20/mg/kg IV push 60mg/kg IV 20 mg PE/kg/dose	
		Consider repeat Fosphenytoin OR Valproic Acid	10 mg PE/kg/dose IV 20 mg/kg IV	
	Consider activating Code Blue or anesthesia stat x5-5555			
Complications	Cardiac arrhythmia, cerebral edema, hypotension, rhabdomyolysis, dehydration, pneumonia			
Increased ICF	•			
PowerPlans/EBC	Plans/EBG Severe brain injury guidelines EBG			
Pathophysiology		Elevated pressure due to cerebral edema or space occupying lesion, or abnormal CSF dynamics (obstruction, decreased absorption, increased production).		
Presentation	sutures	Infants: bulging fontanelle, FTT, impaired upward gaze ("sunsetting"), macrocephaly, splitting sutures Children: diplopia, headache, AMS, papilledema, morning vomiting		