apls
Advanced Paediatric Life Support

Status epilepticus management

Support airway
High flow oxygen
Consider reversible causes*
(Don't ever forget glucose)

5 min
From onset of seizure

Vascular access?

Yes

IV or IO Midazolam
0.15 mg/kg
(Max 10 mg)

No

IM Midazolam
0.15 mg/kg
OR
Buccal / intranasal Midazolam
0.3 mg/kg
(Max 10 mg)
Continue attempts to achieve IV/IO access

5 min
after first dose of Midazolam given (include doses given prior to arrival in hospital)

Still fitting?

No → **Monitor**

Yes

IV or IO Midazolam
0.15 mg/kg
Prepare Levetiracetam or Phenytoin*

5 min
after second dose of Midazolam given

Still fitting?

No → **Monitor**

Yes

Confirm that it is an epileptic seizure
Give Levetiracetam or Phenytoin*

Seek anaesthetic / ICU help

5 min
After infusion finished

Still fitting?

No → **Monitor**

Yes

Give Phenytoin or Levetiracetam
(whichever was not given above)
OR
Phenobarbitone

Prepare for rapid sequence induction and intubation

5 min
After infusion finished

Still fitting?

No → **Monitor**

Yes

Rapid sequence induction and intubation

***Reversible Causes**
Systemic:
Hypoglycaemia
Hyponatremia
Hypertensive emergency
Intracranial:
Infection
Bleed
Raised ICP

*Give Levetiracetam 40 mg/kg
(max 3g) infused over 5 mins
OR
Phenytoin 20 mg/kg infused over 20 mins

If patient is not taking that medication