
Supplemental Digital Appendix 2

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Medical University of South Carolina Children’s Hospital
Center for Evidence-Based Practice
Clinical Algorithm for Pediatric Status Epilepticus* in patients > 30 days old

*Status Epilepticus is defined as the presence of seizure lasting ≥5 minutes

**Begin**

Initial clinical findings suggestive of prolonged seizures (≥ 5 minutes)

- **Yes**
  - Order point of care glucose
  - Pt received pre-hospital benzo

- **No**
  - OFF Algorithm

**Initial Emergent Therapy:**
IV lorazepam (0.1 mg/kg; Max 4mg)

- **Seizures stop w/in 5 min**
  - EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

- **No**
  - Administer 2nd dose of IV lorazepam (0.1 mg/kg; Max 4mg)
    - EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

**Initial Emergent Therapy:**
intranasal midazolam (0.2 mg/kg; Max 10mg) OR rectal diazepam (age & weight-based dosing)

- **Seizures stop w/in 5 min**
  - EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

- **No**
  - Administer 2nd dose intranasal midazolam (0.2 mg/kg; Max 10mg) OR rectal diazepam (age & weight-based dosing)
    - EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

**Initial Emergent Therapy:**
IV fosphenytoin (20mg PE/kg; Max 1g)

- **Seizures stop w/in 5 min**
  - Consult neurology and activate MET. Check venous blood gas levels.

- **Seizures stop w/in 5-10 min of infusion completion**
  - Admit to observe for decline in clinical status. EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

- **No**
  - Refractory Therapy: Continuous IV midazolam OR pENTObarbitol drip. Consider using ketamine only after failure of at least 2 AEDs. Admit to PICU. Place advanced airway. Notify neurology to facilitate continuous EEG and monitor AED levels.

**Urgent Control Therapy:**
IV fosphenytoin (20mg PE/kg; Max 1g)
Consult neurology and activate MET.
Check venous blood gas levels.

**Administer 2nd dose of IV fosphenytoin (10mg PE/kg; Max 1g)**
Check venous blood gas levels.

- **Seizures stop w/in 5-10 min of infusion completion**
  - Admit to observe for decline in clinical status. EEG may be considered for new onset or unprovoked seizure. AED levels and toxicology testing should be considered.

- **Seizures stop w/in 5-10 min of initiation**
  - Refractory Therapy: Continuous IV midazolam OR pENTObarbitol drip. Consider using ketamine only after failure of at least 2 AEDs. Admit to PICU. Place advanced airway. Notify neurology to facilitate continuous EEG and monitor AED levels.