



# The Hospital for Sick Children

## Status Epilepticus Order Set

For children > 1 month old with seizure lasting > 5 minutes

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH YYYY-MM-DD	SEX
ADDRESS	

DATE:	WEIGHT (kg)	ALLERGIES <input type="checkbox"/> NKDA
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PROVIDER Signature & Time	ORDERS	NOTED BY RN Signature & Time
	<p><b>STEP 1: INITIAL ASSESSMENT</b> MD team to assess and document time of onset, seizure pattern</p> <p><input checked="" type="checkbox"/> apply monitors and 100% O<sub>2</sub> via face mask  <input checked="" type="checkbox"/> obtain IV access  <input checked="" type="checkbox"/> full vital signs including temperature, HR, RR, BP, and O<sub>2</sub> saturation</p> <p><b>INVESTIGATIONS</b>  <input type="checkbox"/> glucose via glucometer    <input type="checkbox"/> Na, K, Cr, glucose</p> <p><b>Optional:</b>  <input type="checkbox"/> iCa, Mg, PO<sub>4</sub>  <input type="checkbox"/> drug level for medication: _____  <small>(available for carbamazepine, ethosuximide, lamotrigine, phenobarbital, phenytoin, valproic acid)</small>  <input type="checkbox"/> toxicology screen – serum and urine – suspected intoxication  <input type="checkbox"/> critical sample (refer to hypoglycemia critical sample order set) – if hypoglycemic  <input type="checkbox"/> CBC, diff, blood culture – suspected sepsis / meningitis / encephalitis  <input type="checkbox"/> other:</p>	
	<p><b>STEP 2: SEIZURE ACTIVITY &gt; 5 MINUTES</b> <b>If IV access available, choose ONE of the following:</b>  <input type="checkbox"/> LORazepam _____ mg IV x 1 STAT (0.1 mg/kg/dose, max 4 mg/dose)  or  <input type="checkbox"/> diazepam _____ mg IV x 1 STAT (0.3 mg/kg/dose, if &lt; 5 years, max 5 mg/dose  if ≥ 5 years, max 10 mg/dose)</p> <p><b>If IV access not available, choose ONE of the following:</b>  <input type="checkbox"/> midazolam _____ mg IN STAT via atomizer x 1 (0.2 mg/kg/dose, max 5 mg/nostril)  or  <input type="checkbox"/> LORazepam _____ mg buccal x 1 STAT (0.1 mg/kg/dose, max 4 mg/dose, rounded  to nearest 0.25 mg)  or  <input type="checkbox"/> midazolam _____ mg IM x 1 STAT (0.3 mg/kg/dose, max 10 mg/dose)  or  <input type="checkbox"/> diazepam _____ mg PR x 1 STAT (0.5 mg/kg/dose, max 20 mg/dose)</p>	
	<p><b>STEP 3: SEIZURE ACTIVITY &gt; 10 MINUTES</b> (5 min beyond step 2) <b>If IV access available, choose ONE of the following:</b>  <input type="checkbox"/> LORazepam _____ mg IV x 1 STAT (0.1 mg/kg/dose, max 4 mg/dose)  or  <input type="checkbox"/> diazepam _____ mg IV x 1 STAT (0.3 mg/kg/dose, if &lt; 5 years, max 5 mg/dose  if ≥ 5 years, max 10 mg/dose)</p> <p><b>If IV access not available, choose ONE of the following:</b>  <input type="checkbox"/> midazolam _____ mg IN STAT via atomizer x 1 (0.2 mg/kg/dose, max 5 mg/nostril)  or  <input type="checkbox"/> LORazepam _____ mg buccal x 1 STAT (0.1 mg/kg/dose, max 4 mg/dose, rounded  to nearest 0.25 mg)  or  <input type="checkbox"/> midazolam _____ mg IM x 1 STAT (0.3 mg/kg/dose, max 10 mg/dose)  or  <input type="checkbox"/> diazepam _____ mg PR x 1 STAT (0.5 mg/kg/dose, max 20 mg/dose)</p>	

PROVIDER Signature & Time	ORDERS	NOTED BY RN Signature & Time
	<p><b>STEP 4: SEIZURE ACTIVITY &gt; 15 MINUTES</b> (5 min beyond step 3)</p> <p>Consider skipping step 4 and moving to step 5 if:</p> <ul style="list-style-type: none"> <li>• patient on phenytoin as a long term anti-epileptic drug, or</li> <li>• history of phenytoin allergic reaction, or</li> <li>• suspected drug-induced seizures</li> </ul> <p><input type="checkbox"/> FOSphenytoin _____ mg phenytoin equivalents (PE) IV x 1 STAT (20 mg PE/kg/dose, if &lt; 50 kg, max 1,000 mg PE/dose if ≥ 50 kg, max 1,500 mg PE/dose)</p> <p>If FOSphenytoin not available:</p> <p><input type="checkbox"/> phenytoIN _____ mg IV x 1 over 20-30 min STAT (20 mg/kg/dose, if &lt; 50 kg, max 1,000 mg/dose if ≥ 50 kg, max 1,500 mg/dose)</p> <p><b>If no IV access:</b></p> <p><input type="checkbox"/> FOSphenytoin _____ mg phenytoin equivalents (PE) IM x 1 STAT (20 mg PE/kg/dose, if &lt; 50 kg, max 1,000 mg PE/dose if ≥ 50 kg, max 1,500 mg PE/dose)</p> <p><input type="checkbox"/> intraosseous needle (IO) insertion – if IV access not available</p>	
	<p><b>FLUIDS</b></p> <p><input type="checkbox"/> 0.9% NaCl _____ mL IV bolus (20 mL/kg) over _____ minutes</p> <p><input type="checkbox"/> D5NS IV at _____ mL/hr</p>	
	<p><b>STEP 5: SEIZURE ACTIVITY &gt; 25 MINUTES</b></p> <p><input type="checkbox"/> PHENobarbital _____ mg IV / IO x 1 STAT (20 mg/kg/dose, max 1,000 mg/dose) → infuse at 2 mg/kg/minute</p>	
	<p><b>SPECIAL CONSIDERATION:</b></p> <p>If &lt; 18 months old and no clear etiology for seizure:</p> <p><input type="checkbox"/> pyridoxine (vitamin B<sub>6</sub>) 100 mg IV for initial dose</p>	
	<p><b>STEP 6: REFRACTORY STATUS EPILEPTICUS</b> (seizure persists beyond step 5)</p> <p><b>GENERAL CONSIDERATIONS</b></p> <p><input type="checkbox"/> ICU consultation</p> <p><input type="checkbox"/> Neurology consultation</p> <p><input type="checkbox"/> prep for advanced airway (refer to RSI order set)</p> <p><b>MEDICATION</b></p> <p><input type="checkbox"/> midazolam _____ mg IV bolus x 1 STAT (0.15 mg/kg/dose) then</p> <p><input type="checkbox"/> midazolam infusion _____ mcg/kg/min → initiate at 2 mcg/kg/min then increase by 2 mcg/kg/min every 5 minutes as needed → increase to a maximum infusion rate of 24 mcg/kg/min → with each increase in infusion rate, give a midazolam IV bolus (0.15 mg/kg/dose)</p> <p>Further care to be guided by ICU Refractory Status Epilepticus order set</p>	
	<p><b>OTHER ORDERS:</b></p> <p>_____</p> <p>_____</p>	