

STATUS EPILEPTICUS

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DEFINITION

WHEN THE SEIZURE LASTS FOR LONGER
THAN 30 MINUTES

OR

WHEN THE SEIZURES RECUR WITHOUT
THE PATIENT REGAINING
CONSCIOUSNESS BETWEEN THE
SEIZURES

IMPLICATIONS OF STATUS EPILEPTICUS

- MORTALITY FROM STATUS IS 8% - 32%.
- IF STATUS LONGER THAN 1 HOUR MORTALITY IS 32%.
- IF IT IS SHORTER THAN 1 HOUR, IT IS 2.7%.

MANAGEMENT OF STATUS EPILEPTICUS

ABC

CHECK GLUCOSE

IF LOW GIVE:

50ml OF 50% DEXTROSE STAT IVI

THIAMINE 100mg IVI

Management...

1. BENZODIAZEPINES

LORAZEPAM (ATIVAN) 4mg IVI AT A
RATE OF 2mg/MINUTE

OR

DIAZEPAM (VALIUM) 10mg IVI AT A
RATE OF 5mg/MINUTE

**IF GIVEN AS A BOLUS BENZODIAZEPINES
WILL CAUSE RESPIRATORY ARREST**

If seizure resolved: Check glucose, Do: FBC, UKE, LFT, CMP, TFT, DRUG
LEVELS

Management....

2. **PHENYTOIN** (EPANUTIN) 18mg/kg IN 200ml N/SALINE IVI TO RUN AT A RATE OF 50mg/MINUTE

MONITOR ECG AS PHENYTOIN CAN CAUSE **ARRHYTHMIAS** IF RUN IN TOO FAST.

IF PHENYTOIN IS MIXED IN GLUCOSE IT WILL PRECIPITATE.

Management....

IF SEIZURES RECUR WHILE THE
PHENYTOIN DRIP IS RUNNING:

LORAZEPAM 4mg IVI AT A RATE OF
2mg/MINUTE.

(the total dose of lorazepam is 0.1mg/kg)

OR (if u had given diazepam)

DIAZEPAM 10mg IVI AT 5mg/MINUTE.

Management....

IF SEIZURES RECUR AFTER THE DOSE OF PHENYTOIN HAS RUN IN:

PHENYTOIN 10mg/kg – 12mg/kg IN 200ML OF N/SALINE TO RUN AT 50mg/kg

(The total dose of phenytoin is 30mg/kg)

Management.....

IF STATUS PERSISTS:

INTUBATE THE PATIENT
THEN

PHENOBARBITAL 20mg/kg at
100mg/minute

1. Phenobarbital can result in respiratory arrest.
2. The rate of infusion should be slowed down if hypotension occurs

Management....

IN REFRACTORY STATUS:

Continuous infusion of

MIDAZOLAM (DORMICUM)

OR

PENTOBARBITAL

WHEN PT STABLE:

CT scan

FURTHER MANAGEMENT

THE PATIENT SHOULD THEN BE PUT
ON ORAL MAINTAINANCE DOSES OF
THE DRUGS THAT CONTROLLED THE
STATUS EPILEPTICUS

NEW DRUGS IN STATUS

SODIUM VALPROATE (EPILIM) 1VI 1000mg –
1500mg STAT 30mg/kg

1. CAN BE USED IN THE PLACE OF PHENYTOIN.
2. CAN BE USED AFTER PHENYTOIN IF SEIZURES ARE STILL NOT CONTROLLED.

THIS WILL RETARD THE USE OF PHENOBARBITAL OR CAN BE USED IN THE PLACE OF PHENOBARBITAL

CAUSES OF STATUS EPILEPTICUS

- NON-COMPLIANCE ON AEDs
- POST HEAD TRAUMA
- INTERCURRENT INFECTIONS IN A PATIENT WITH EPILEPSY.
- METABOLIC DISTURBANCES (HYPOGLYCAEMIA)
- ELECTROLYTE DISTURBANCES (HYPONATREMIA)
- STROKE
- OTHER SPACE OCCUPYING LESIONS