Midazolam [*]	ended for seizures I 	lasting longer than 5 minutes.		۲
0.0	<u>Intranasal</u> : 0.2 m <u>Buccal</u> : 0.5 mg/k	१g/kg (maximum 5 mg/nostril) ९g (maximum 10 mg)		
<u>OR</u> Lorazepam	<u>Buccal</u> : 0.1 mg/k	:g (maximum 4 mg)		
<u>Diazepam</u>	<u>Per-rectum (PR)</u> :	: 0.5 mg/kg (maximum 20 mg)	* Preferred choice	
In-hospital n	nanagement of	convulsive status epilepticus		
<u>B</u> = 100 % oxy <u>C</u> = Cardiores <u>Establish intr</u> <u>Investigation</u> <u>Ongoing mor</u> Place patient Bolus 0.5 g/k Consult speci	/gen, assess breat piratory monitor, <u>avenous (IV) acca</u> <u>is</u> : Rapid glucose t <u>nitoring</u> : for respi in a safe position g glucose (as dex ialty services what	<pre>:hing, O₂ saturation monitor check pulse / blood pressure ess: Two IV lines if possible test, critical labs ratory depression, hypotension, arr n, do not restrain. :trose solution) if glucose is ≤ 2.6 m en there are signs of respiratory or</pre>	hythmias Imol/L hemodynamic instability.	
First line me Midazolam [*]	edication: <u>IV available</u> :	0.1 mg/kg IV (maximum 5 mg) (given over 30 to 60 seconds)	<u>No IV access:</u> <u>IM</u> : 0.2 mg/kg (maximum 10 mg) <u>Intranasal</u> : 0.2 mg/kg (maximum 5 mg/nare) <u>Buccal</u> : 0.5 mg/kg (maximum 10 mg)	
<u>OR</u> Lorazepam*	<u>IV available</u> :	0.1 mg/kg IV (maximum 4 mg) (given over 30 to 60 seconds)	<u>No IV access</u> : <u>Buccal</u> : 0.1 mg/kg (maximum 4 mg)	
	<u>IV available</u> :	0.3 mg/kg IV (maximum 5 mg if < 5 yr (maximum 10 mg if ≥ 5 y	rs) <u>No IV access</u> : <u>PR</u> : 0.5 mg/kg (maximum 20 mg) yrs) * Preferred choice	
<u>OR</u> Diazepam				
OR Diazepam	er 5 minutes?	Monitor, inve	stigate	
OR Diazepam	er 5 minutes?	Monitor, inve	estigate	
OR Diazepam Still seizing aft Yes Repeat first-I • If IV acces	er 5 minutes?	Monitor, inve Monitor, inve nce, 5 minutes after first dose is given switch to IV route.	estigate	
OR Diazepam Still seizing aft Yes Repeat first-I • If IV acces If ≥ 2 doses o more than 5	rer 5 minutes? ine medication o ss is available, the f first-line medica minutes after the	Monitor, inve Monitor, inve mce, 5 minutes after first dose is given switch to IV route. ations have been given (including pro- last dose of benzodiazepine, then pro- last dose of benzodiazepine, the pro- last dose	en. re-hospital medications), and the seizure persists for proceed to second-line medications.	

Fosphenytoin IM or IV	20 mg PE/kg (maximum 1000 mg PE) [¥] . If using IV route, give medication over 5 to 10 minutes, mixed in normal saline (NS) or Dextrose 5% (D5W)
<u>DR</u> Phenytoin IV	20 mg/kg (maximum 1000 mg), given over 20 minutes, mixed in NS
<u>DR</u> Phenobarbital IV	20 mg/kg (maximum 1000 mg), given over 20 minutes, mixed in NS or D5W
<u>DR</u> Levetiracetam IV	60 mg/kg (maximum 3000 mg), given over 5 to 15 minutes , mixed in NS or D5W
 90	(Limited availability in Canada)
Valproic acid IV **	30 mg/kg (maximum 3000 mg), given over 5 minutes, mixed in NS or D5W Give extra 10 mg/kg dose if ineffective after 10 minutes (not exceeding maximum dose).
Still seizing? No	Monitor, investigate
f the patient has received o medication has been admini Give a different second-l Warning: Do not combine phe	nly 1 second-line medication, and the seizure persists for 5 minutes after that stered: ine medication nytoin and fosphenytoin
Consider giving a dose of pyride Dose: 100 mg IV	oxine in children younger than 18 months of age.
Consider giving a dose of pyride Dose: 100 mg IV f the patient has already ree Continue on to next step	oxine in children younger than 18 months of age. ceived ≥ 2 second-line medications:
Consider giving a dose of pyride Dose: 100 mg IV f the patient has already rec Continue on to next step Refractory status epilepticus	oxine in children younger than 18 months of age. ceived ≥ 2 second-line medications:
Consider giving a dose of pyride Dose: 100 mg IV f the patient has already rec Continue on to next step Refractory status epilepticus Consult specialty services (F Prepare for advanced airwa	exived ≥ 2 second-line medications: PICU, Neurology) y support (medication-assisted intubation) and administration of anesthetic medications
Consider giving a dose of pyride Dose: 100 mg IV f the patient has already rec Continue on to next step Refractory status epilepticus Consult specialty services (F Prepare for advanced airwa	<pre>pxine in children younger than 18 months of age. ceived ≥ 2 second-line medications: PICU, Neurology) y support (medication-assisted intubation) and administration of anesthetic medications as: There is insufficient evidence to recommend a specific second-line medication.</pre>
Consider giving a dose of pyride Dose: 100 mg IV f the patient has already rec Continue on to next step Refractory status epilepticus Consult specialty services (F Prepare for advanced airwa Choice of second-line medication PE: Refers to "Phenytoin Equival	<pre>pxine in children younger than 18 months of age. ceived ≥ 2 second-line medications: PICU, Neurology) y support (medication-assisted intubation) and administration of anesthetic medications us: There is insufficient evidence to recommend a specific second-line medication. ents". 1 mg Phenytoin = 1 mg PE</pre>

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Source: Emergency management of the paediatric patient with convulsive status epilepticus, Acute Care Committee, February 1, 2021. Available at <u>www.cps.ca</u>