## **GENERAL MEASURES**

### **MEDICATIONS**

- Immediate management (0-5 minutes)
- Note the time, call for help
- Secure airway (semi-prone position, nasopharyngeal airway), give oxygen
- Establish IV access, check glucose level, blood gas, FBC, U&E, LFT, CRP, Mg, Bone profile, TFT, AED levels, toxicology, septic screen
- Ascertain if: PMH; medications; drug abuse; intercurrent illness; history of epilepsy; PNES.
- · Consider videoing if ?PNES.

- Establish whether any treatments have been given prior to arrival in hospital
- If suspicion of alcohol excess or malnourishment, give Pabrinex
- Replace glucose if hypoglycemic
- Prepare a benzodiazepine for administration

# Early status epilepticus

(5-20 minutes)

- Monitor vital signs
- Institute cardiac monitoring
- Contact ICU if no response to first benzodiazepine

- Give a benzodiazepine (see figure 2)
- If no response after 5 minutes, give a second dose of benzodiazepine.

# Established status epilepticus

(20-40 mins)

- ICU review
- Chest X-ray
- Consider CT head if first seizure, new focal neurology, head injury
- Consider intubation

### Give 2<sup>nd</sup> line AED IV (see figure 3):

- Phenytoin/fosphenytoin
- · Sodium valproate
- Levetiracetam

### Refractory status epilepticus (>30 mins)

- Intubate and admit to ICU
- Consider EEG

 Anaesthetic agents (eg. Thiopental, propofol, midazolam)