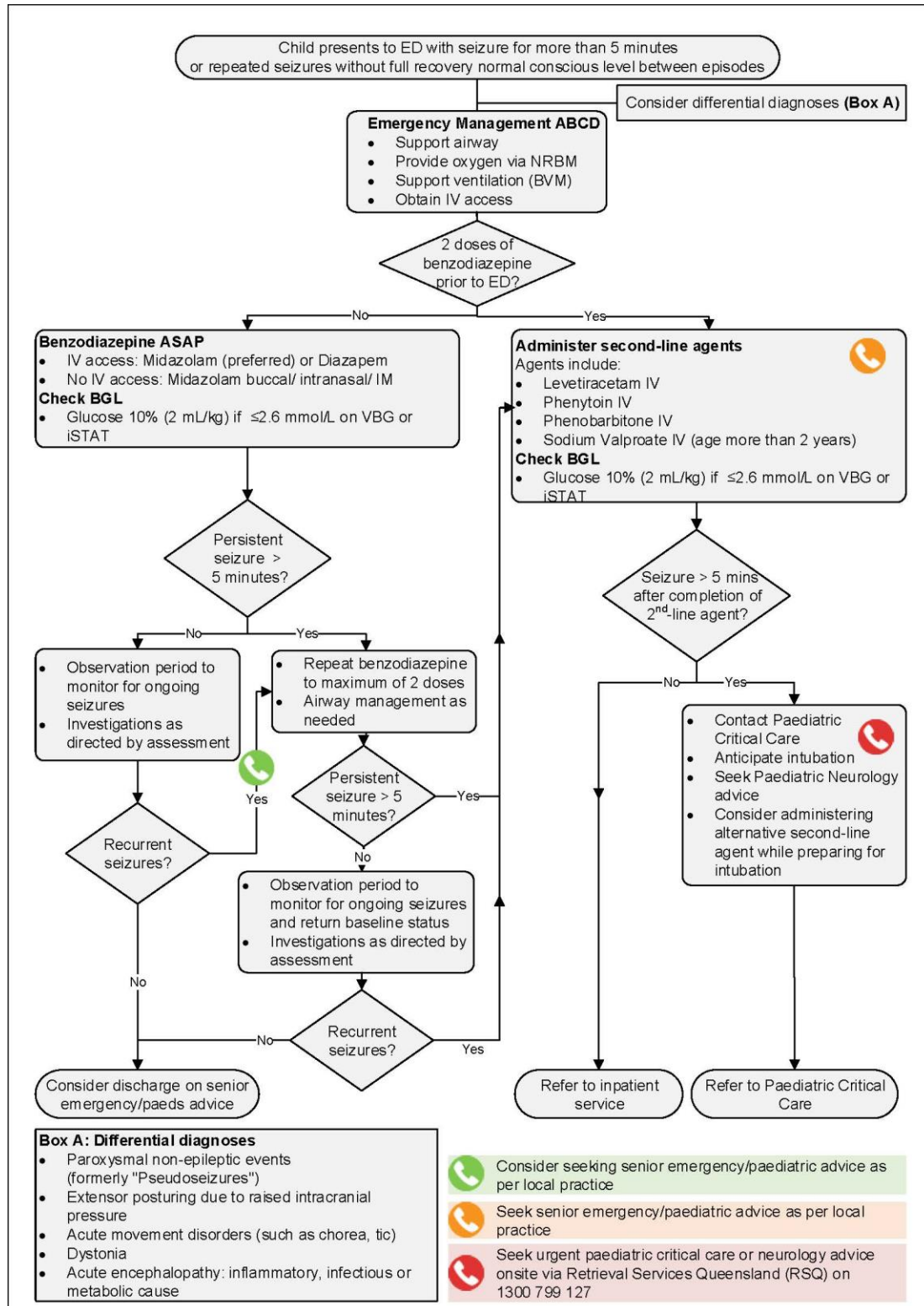


Queensland Paediatric Flowchart and Medications

Emergency

# Status epilepticus - Emergency management in children – Flowchart



CHQ-GDL-60014-1 Status epilepticus – Emergency management in children Flowchart



## First-line agents

Midazolam dosing for the treatment of status epilepticus in children	
Buccal/intranasal	0.3 mg/kg (maximum 10 mg)
IV/ IO	0.15 mg/kg (maximum 10 mg)
IM	0.2 mg/kg (maximum 10 mg)
Side effects	Respiratory depression common, particularly with repeated dosing

Diazepam dosing for the treatment of status epilepticus in children	
IV/ IO	0.1-0.4 mg/kg (maximum 10 mg)
PR	0.3-0.5 mg/kg (maximum 20 mg)
Side effects	Respiratory depression common



**ALERT** – Diazepam should **not** be given via IM injection due to slow and erratic absorption.

## Second-line agents

Phenytoin dosing for the treatment of status epilepticus in children	
IV	20 mg/kg (maximum 1,500 mg) administered over a minimum of twenty minutes. Administer more slowly (over sixty minutes) if seizure activity has ceased. Do not exceed rate of 1 mg/kg/min or 50 mg/min. Do not administer with IV solutions containing glucose.
Side effects	Arrhythmias Respiratory depression (less common than with Phenobarbitone)
Monitoring	Cardiac monitoring recommended during infusion period.



**ALERT** – Phenytoin is contraindicated in Dravet Syndrome, use alternative agents.

Levetiracetam dosing for the treatment of status epilepticus in children	
IV loading dose	60 mg/kg (maximum 4.5g) infused over five minutes.

Phenobarbitone dosing for the treatment of status epilepticus in children	
IV	20 mg/kg (maximum 1 g) administered over a minimum of twenty minutes. Do not exceed rate of 1 mg/kg/min to avoid respiratory and/or circulatory impairment.
Side effects	Respiratory depression (if given in combination with benzodiazepines)

Paraldehyde dosing for the treatment of status epilepticus in children	
PR	0.4 mL/kg 100% (0.8 mL/kg when mixed 1:1 in olive oil OR Sodium Chloride 0.9%)
IM	0.2 mL/kg (maximum 10 mL) as a single dose then 0.1 mL/kg/dose every four to six hours. Give no more than 5 mL at any one site

CHQ-GDL-60014-1 – Status epilepticus – Emergency management in children Flowchart

