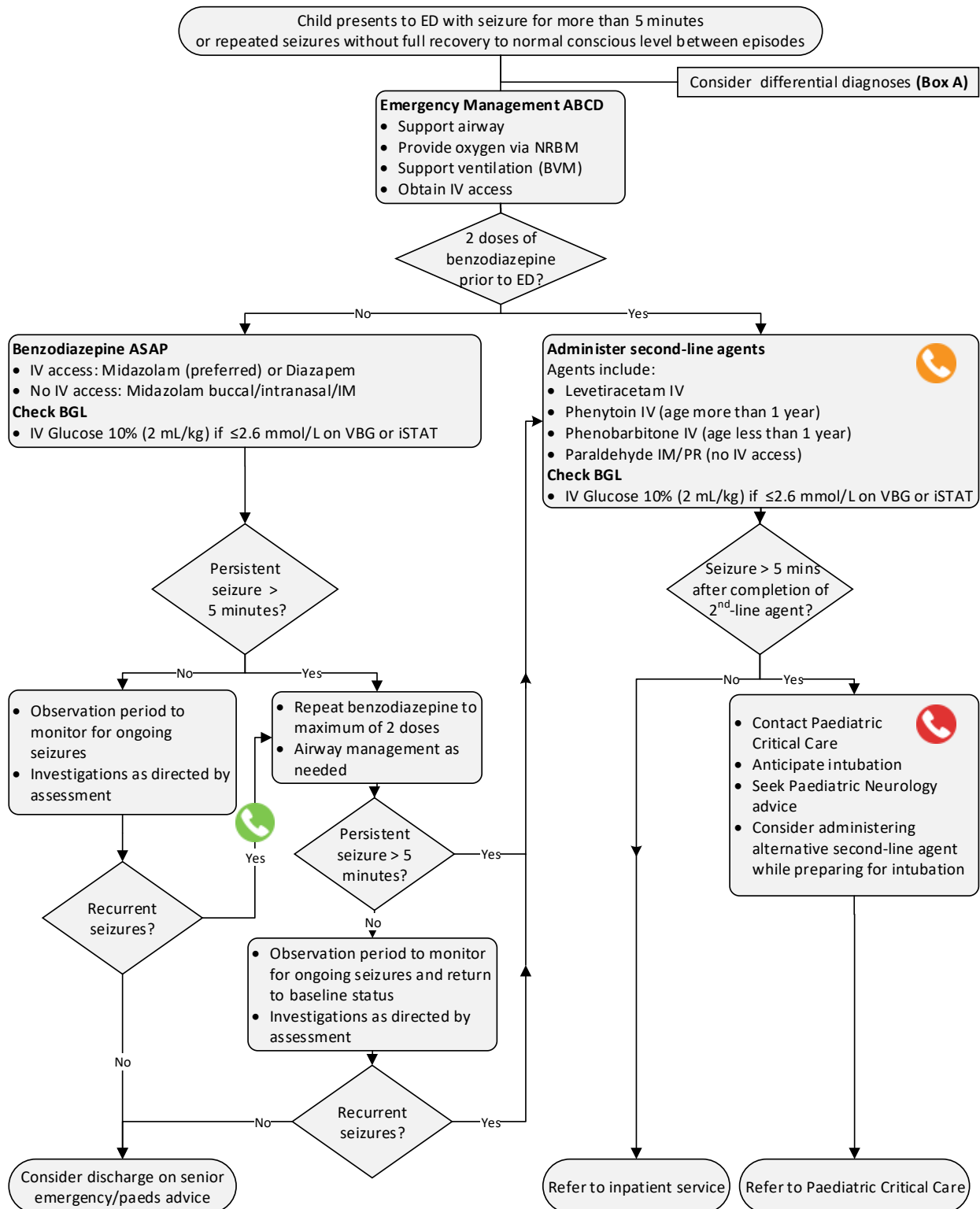


Queensland Paediatric Flowchart and Medications

Emergency

Status epilepticus – Emergency management in children – Flowchart



Box A: Differential diagnoses

- Paroxysmal non-epileptic events (formerly "Pseudoseizures")
- Extensor posturing due to raised intracranial pressure
- Acute movement disorders (such as chorea, tic)
- Dystonia
- Acute encephalopathy from infectious or metabolic cause

- Consider seeking senior emergency/paediatric advice as per local practice
- Seek senior emergency/paediatric advice as per local practice
- Seek urgent paediatric critical care or paediatric neurology advice onsite or via Retrieval Services Queensland (RSQ) on 1300 799 127

Status epilepticus – Emergency management in children – Medications

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/minute or 50 mg/minute. 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.

Levetiracetam dosing for the treatment of status epilepticus in children	
IV loading dose	40 mg/kg (maximum 2.5 g) 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/minute 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

For more information refer to [CHQ-GDL-60014 – Status epilepticus – Emergency management in children](#)

