Status Epilepticus

It is a medical emergency & should be treated immediately.

- It is characterised by recurrent attacks of tonic-clonic seizures without the recovery of consciousness in between, or single episode lasts longer than 5 minutes.

Treatment / Management :-

(1) ABC's - Incubate if Hypoxic
- Control HTN & Tachycardia

(2) Reverse Causes : (a) Hypoglycemia → D50

(b) Alcoholism → Thiamine infusion

(c) If pregnant → Mg^{2+}
(Eclampsia)

(d) TB patient (Isoniazid) → B_6

(3) Benzodiazepenes

[Lorazepam 0.1 mg/kg]

or,

[Midazolam]

or,

[Diazepam 10 mg]

↓ (If seizure continues)

(4) Load with any Antiepileptic Drug

(a) Levetiracetam

(b) Phenytoin 20mg/kg

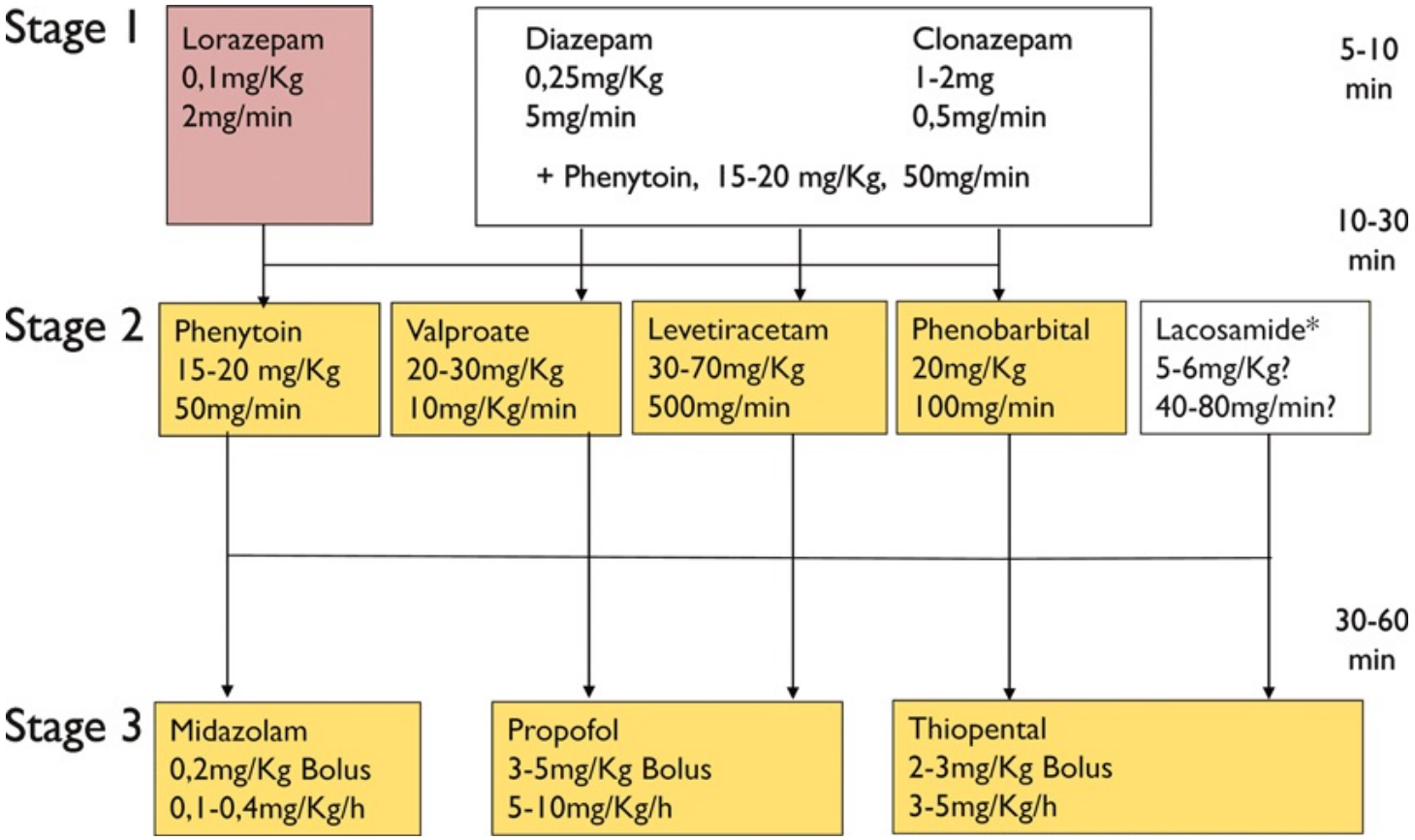
(c) Fosphenytoin 20mg/kg

(d) Valproate

↓ (If seizure continues)

(a) Phenobarbitone 10-15 mg/kg i.v.
infusion 100 mg/min.

(b) General Anaesthesia with
i.v. Midazolam or Propofol or Ketamine
[Maintain Airway & BP]



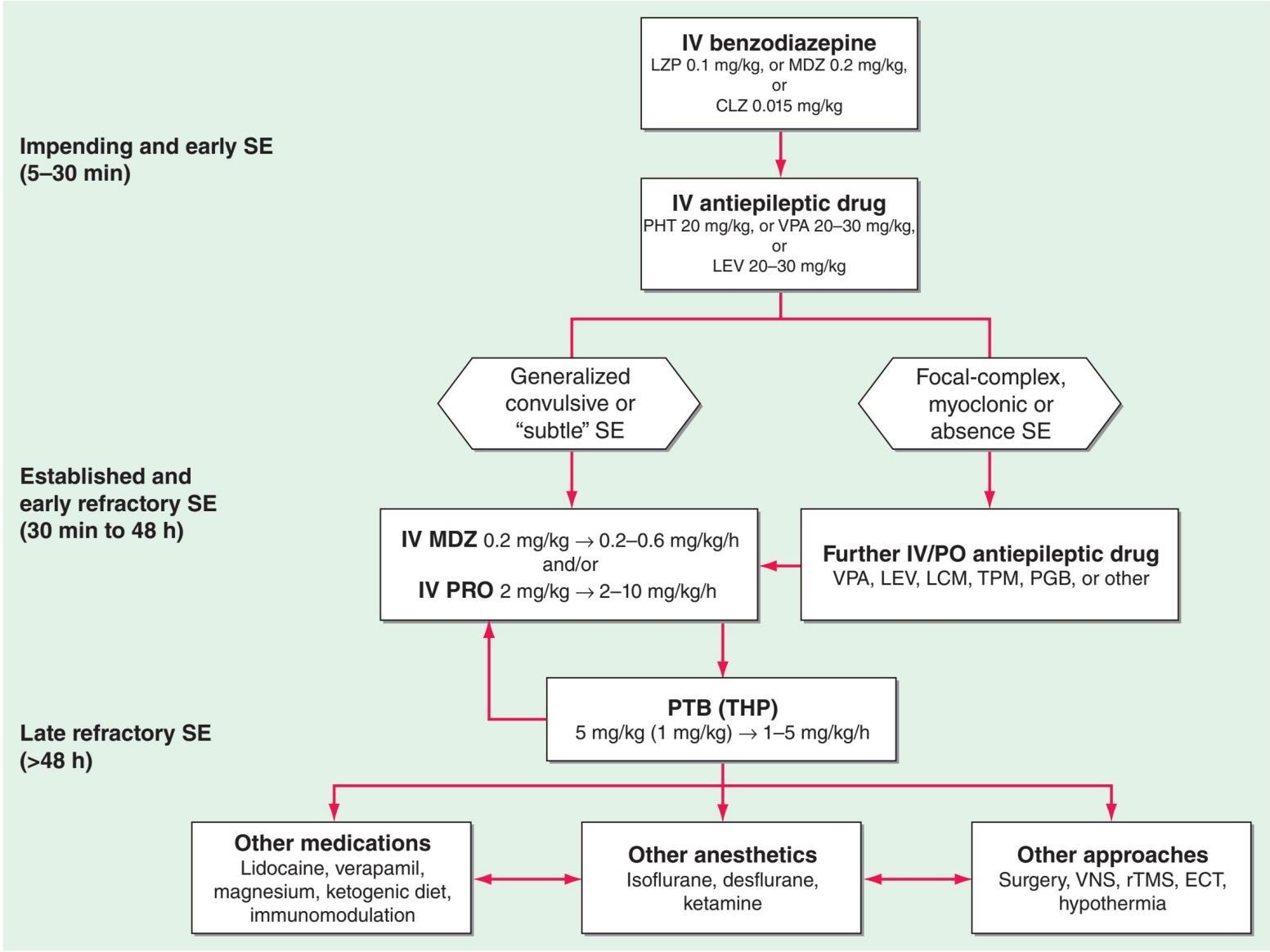


FIGURE **Pharmacologic treatment of generalized tonic-clonic status epilepticus (SE) in adults.** CLZ, clonazepam; ECT, electroconvulsive therapy; LCM, lacosamide; LEV, levetiracetam; LZP, lorazepam; MDZ, midazolam; PGB, pregabalin; PHT, phenytoin or fos-phenytoin; PRO, propofol; PTB, pentobarbital; rTMS, repetitive transcranial magnetic stimulation; THP, thiopental; TPM, topiramate; VNS, vagus nerve stimulation; VPA, valproic acid. *(From AO Rossetti, DH Lowenstein: Lancet Neurol 10:922, 2011.)*