

Pre-hospital management – Convulsive seizure lasting longer than 5 minutes

- **Note:** Early pharmacological intervention improves outcome. Medications (single dose) are recommended for seizures lasting longer than 5 minutes.

Midazolam* Intramuscular (IM): 0.2 mg/kg (maximum 10 mg)
 Intranasal: 0.2 mg/kg (maximum 5 mg/nosril)
 Buccal: 0.5 mg/kg (maximum 10 mg)

OR

Lorazepam Buccal: 0.1 mg/kg (maximum 4 mg)

OR

Diazepam Per-rectum (PR): 0.5 mg/kg (maximum 20 mg)

* Preferred choice

In-hospital management of convulsive status epilepticus

A = Support airway

B = 100 % oxygen, assess breathing, O₂ saturation monitor

C = Cardiorespiratory monitor, check pulse / blood pressure

Establish intravenous (IV) access: Two IV lines if possible

Investigations: Rapid glucose test, critical labs

Ongoing monitoring: for respiratory depression, hypotension, arrhythmias

Place patient in a safe position, do not restrain.

Bolus 0.5 g/kg glucose (as dextrose solution) if glucose is \leq 2.6 mmol/L

Consult speciality services when there are signs of respiratory or hemodynamic instability.

First line medication:

Midazolam*	<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)

OR 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)	

OR Diazepam	<u>IV available:</u>	0.3 mg/kg IV (maximum 5 mg if < 5 yrs) (maximum 10 mg if \geq 5 yrs)	<u>No IV access:</u> <u>PR:</u> 0.5 mg/kg (maximum 20 mg)	

* Preferred choice

Still seizing after 5 minutes?

No

Monitor, investigate

Yes

Repeat **first-line** medication **once**, 5 minutes after first dose is given.

- If IV access is available, then switch to IV route.

If \geq 2 doses of **first-line** medications have been given (including pre-hospital medications), and the seizure persists for more than 5 minutes after the last dose of benzodiazepine, then proceed to **second-line** medications.

Consider intraosseous (IO) access if no IV line yet

1st Line – First 15 minutes

