

SIR CHARLES GAIRDNER HOSPITAL
EMERGENCY DEPARTMENT ADULT GENERALIZED SEIZURE GUIDELINE 2009



	Definition	RESUS			Management	Notes
GENERALIZED SEIZURE	Duration < 5 min	Call for assistance Prepare drugs	Consider NP airway O ₂ by Hudson Mask 10L O ₂ Sats	IV access BSL UE Consider VBG / Ca / serum levels / BHCG / ECG (ACEP 2004 Level B)	Midazolam OR Diazepam OR Clonazepam (Rivotril®)	Midazolam IV 2.5mg or 5mg slow injection IM 7.5 - 15mg Nasal / buccal 5mg in 1mL dropwise (alternating nostrils) over 15sec Diazepam ** PR 10 - 20mg Clonazepam † IV 0.5mg or 1mg in 1mL water for injection over 2 minutes If seizure has stopped by the time of injection DO NOT ADMINISTER
	AND 1st seizure in ED OR Subsequent ED seizure after return to normal mental state					
IMPENDING STATUS EPILEPTICUS	Duration 5 - 30 min	Call for assistance Prepare drugs Transfer to Resus Bay Inform Neurology	Consider NP airway O ₂ by Hudson Mask 10L O ₂ Sats	IV access BSL UE Consider VBG / Ca / serum levels / BHCG / ECG (ACEP 2004 Level B)	Midazolam OR Clonazepam AND Phenytoin (Dilantin®)	Midazolam * IV 0.2mg/kg slow injection Clonazepam † IV 0.5mg or 1mg in 1mL water for injection over 2 minutes Midazolam 1mg ≈ Diazepam 5mg ≈ Clonazepam 0.25mg Phenytoin (Dilantin®) * Beware of hypotension and arrhythmia IV 20mg/kg infusion over 30 - 60min Phenytoin doses: ≤ 1g in 100mls NS, >1g in 250mls NS Max rate 50mg/min (elderly 25mg/min) This dose is also acceptable for patients already on Phenytoin at home
	OR Subsequent ED seizures without return to normal mental state					
	Prepare for RSI					
STATUS EPILEPTICUS	Duration 30+ min	ED Code Team Prepare drugs Transfer to Resus Bay Inform Neurology / ICU	RSI once IV access attained	IV access BSL UE Consider VBG / Ca / serum levels / BHCG / ECG (ACEP 2004 Level B)	INDUCTION Thiopentone OR Propofol	Thiopentone Beware of hypotension, extravasation and arterial injection In healthy individuals IV 3 - 5mg/kg In the debilitated and the elderly IV 1 - 2.5mg/kg Propofol # Beware of bradycardia, hypotension and NM excitation In healthy individuals 9 - 55yrs IV 2 - 2.5mg/kg over 30 - 60sec In > 55yrs or debilitated and 3 - 55yrs IV 1 - 1.5mg/kg over 30 - 90 sec
	OR Failed above management to Impending Status					
	PARALYSIS (Avoid long acting agents) Suxamethonium					
					ANTIEPILEPTIC (Discuss with Neurologist first) Propofol infusion Phenobarbitone infusion Ketamine infusion	Suxamethonium # Beware of malignant hyperthermia, hyperK and neuromuscular disease IV 1 mg/kg - 1.5 mg/kg Midazolam infusion * IV 0.1 - 2mg/kg/hr Propofol infusion ** IV 2 - 10 mg/kg/hr Phenobarbitone infusion ** Beware of hypotension and respiratory depression IV 0.2 - 2mg/kg/hr Ketamine infusion * IV 0.01 - 0.05 mg/kg/hr