

Emergency 13.3: Management of status epilepticus

Definition

- Single seizure lasting more than 30 min, or
- Sequence of seizures lasting more than 30 min without full recovery between

Treatment

- Resuscitate—ensure Airway; Breathing; Circulation
- Exclude hypoglycaemia by checking blood sugar level in capillary (pinprick) blood
- Establish venous access
- Ensure facilities for providing full respiratory support are available
- Give intravenous diazepam

If this does not stop the seizure:

- Start intravenous phenytoin infusion under ECG monitoring
- Failing which seek expert help with view to management in intensive care unit

- Further treatment options while in intensive care unit include propofol and thiopental

Further considerations

What caused the seizures?

- Poor drug compliance
- Drug intoxication or withdrawal
- Central nervous system infection
- Intracranial haemorrhage
- Pseudostatus

In patients already on anticonvulsants, restart their usual drug at the usual dose as soon as possible—usually by nasogastric tube

In patients not already on anticonvulsants, start the drug that will be used for long-term control

Keep the anticonvulsant regimen simple, and do not keep changing things—give the drugs a chance to work

Watch for respiratory depression and metabolic disturbance

Drug	Action	Side-effects	Contraindications
Diazepam	Benzodiazepine—enhances GABA signalling	Hypotension, respiratory depression	Respiratory depression, psychosis, porphyria
Phenytoin	Prevents spread of abnormal activity in neuronal membranes	Cardiac arrhythmias	Sinus bradycardia, heart block, porphyria
Propofol	Barbiturate—enhances GABA signalling	Hypotension, bradycardia, respiratory depression, phlebitis, hyperlipidaemia	
Thiopental	Barbiturate—enhances GABA signalling	Hypotension, respiratory depression, phlebitis	Porphyria