



Status epilepticus (SE) is a **medical emergency** that is associated with significant morbidity and mortality.

TYPES OF STATUS EPILEPTICUS

CONVULSIVE STATUS	NON-CONVULSIVE STATUS	FOCAL STATUS	ABSENCE STATUS
≥ 5 minutes of continuous convulsive seizure OR ≥ 2 discrete seizures without return to baseline OR repeated seizures for ≥ 30 minutes.	≥ 10 minutes of continuous seizure OR ≥ 30 total minutes of ictal EEG activity in any given hour. These patients are at risk for convulsive status.	Focal epileptic seizure that lasts ≥ 30 minutes OR repeated focal epileptic seizures (≥ 30 minutes) with incomplete recovery between seizures.	Prolonged, generalized absence seizure that usually last for hours to days . Cardinal symptom is altered level of consciousness .
Convulsive status is the <u>most common</u> type of status epilepticus (SE). > 50% of SE episodes occur in children with no prior seizure history.			

COMMON ETIOLOGIES OF STATUS EPILEPTICUS

ACUTE SYMPTOMATIC (17-52%)	REMOTE (16-39%)	OTHER
<ul style="list-style-type: none"> ➤ CNS infection ➤ Metabolic (hypoglycemia, hyperglycemia, hyponatremia, hypocalcemia) ➤ Stroke 	<ul style="list-style-type: none"> ➤ Hemorrhage ➤ Non-compliance with AEDs ➤ Overdose ➤ Toxins 	<ul style="list-style-type: none"> ➤ Progressive neurodegenerative disorders ➤ Cerebral migrational disorders ➤ Perinatal hypoxic-ischemic encephalopathy ➤ Cerebral dysgenesis
<ul style="list-style-type: none"> ➤ Epilepsy Idiopathic (5-19%) ➤ Prolonged febrile convulsions (23-30%) ➤ Trauma 		

HISTORY

- **Seizure history:** pre-ictal, ictal, and post-ictal phases. Ask about duration, focal symptoms, provoking events, and use of anti-convulsant medications.
- **Past medical history:** previous seizures or history of epilepsy or other neurological disorders.
- **Family history:** seizures or epilepsy.
- **Illness symptoms:** fever, nausea, vomiting, diarrhea, rash.
- **Trauma, accidental and non-accidental injury**
- Medications (AED)
- Toxins

PHYSICAL EXAM

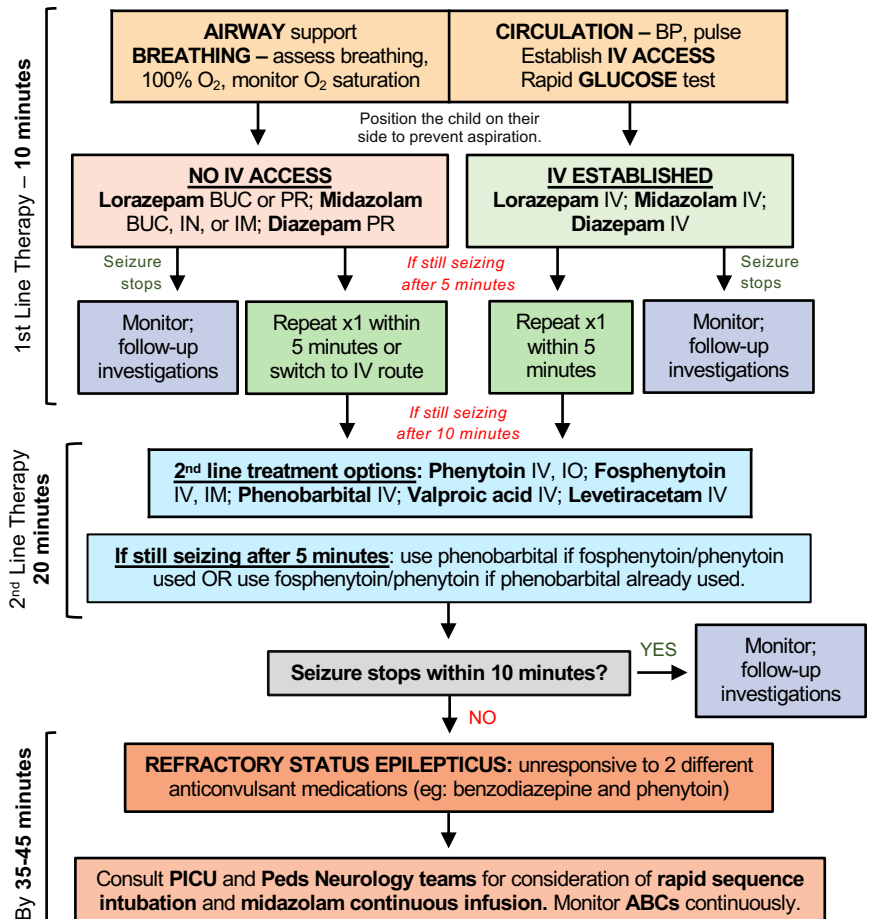
- ABCs, vitals, level of consciousness, GCS
- Rule out CNS infections
- **General physical exam:** source of infection (eg: otitis media, upper respiratory tract, lungs, GI tract, urinary tract, or sepsis).
- **Neurological exam**
- Indications of **toxidrome**

INVESTIGATIONS

- Glucose
- CBC with differential
- Electrolytes
- Ca²⁺, Mg²⁺, P
- Liver function tests
- Toxicology screen
- Anticonvulsant level
- Electroencephalogram (EEG)
- Head CT or MRI
- Urine, blood, CSF cultures

MANAGEMENT OF STATUS EPILEPTICUS IN HOSPITAL

GOAL: stop the seizure and prevent brain injury. Then determine the underlying cause.



Note: this algorithm applies only to infants and children. Management differs for neonates.