

# Patients with generalist tonic-clonic status epilepticus

Adapted with permission from SIGN 70: Diagnosis and Management of Epilepsy in Adults. (April 2003)

## Immediate measures

- Open and maintain airway
- Give oxygen
- Assess cardiac and respiratory function
- Secure intravenous (IV) access in large veins
- Collect blood for bedside blood glucose monitoring and FBC, U&Es, LFTs, calcium, glucose, clotting, AED levels and store for later analysis
- Measure blood gases to assess extent of acidosis

Give **lorazepam IV up to 4 mg (e.g. 2 mg over 1 minute, may be repeated after 3 – 5 minutes)** or if lorazepam is unavailable, give **diazepam IV up to 10 mg**

No response?

Repeat after maximum of 10 minutes if in hospital

Delay in gaining IV access in community

Give **10 – 20 mg diazepam rectally or midazolam buccal (unlicensed) 10 mg, repeated after 10 minutes if necessary**

Determine aetiology:

- Any suggestion of hypoglycaemia: give **100 ml of Glucose 20%**
- Any suggestion of alcohol abuse or impaired nutritional status give: **thiamine IV (as 2 pairs of Pabrinex® ampoules)**
- **Give usual AED treatment** – can be given by nasogastric tube if airway secured (or IV if necessary for phenytoin, sodium valproate and phenobarbital)

## Within 30 minutes

If status persists

- Give **phenytoin IV 18 mg/kg\*, at a rate of 50 mg/minute or less; with ECG monitoring**  
\*Dose recommended higher than licensed dose but based on SIGN recommendations.  
**See guideline on Phenytoin Dose Calculation for further information.**
- Call ITU to inform of patient

## > 30 minutes

If status persists

- Administer general anaesthesia
- Monitor using EEG to assess seizure control
- Refer for specialist advice