

Status Epilepticus New National Guideline

Dr Nitish Vora

Consultant Paediatric Neurologist and Epileptologist

MBBS (Gold Medallist), D.Paed, MD

MRCPCH (UK), FRCPCH (UK)

CCT Paediatric Neurology, UK

Post CCT Consultant epilepsy Fellow, UK

Ex – Consultant, Great Ormond Street Hospital for Children, London

New National Guideline

- Consensus meeting of Experts on 17.11.2013 @ Delhi
- Ministry of Health
- AOCN – Association of Child Neurology
- IES – Indian Epilepsy Society
- STEP – Society for Trauma and Emergency Paediatrics
- **Dr Nitish Vora from Gujarat**
- **New definition status 10 mins or more likely to move to 05 min**

Benzodiazepines

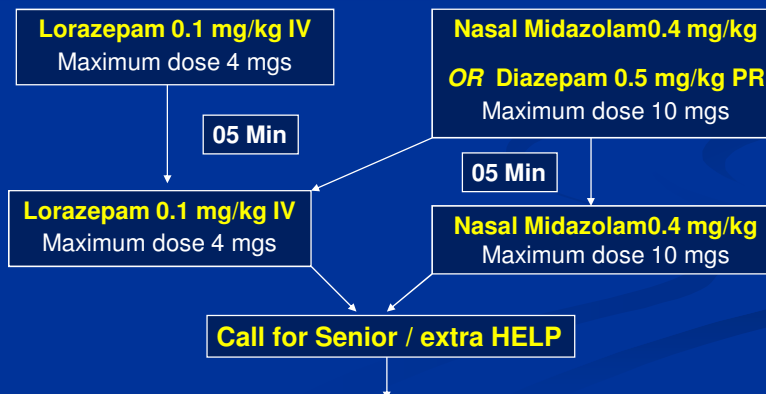


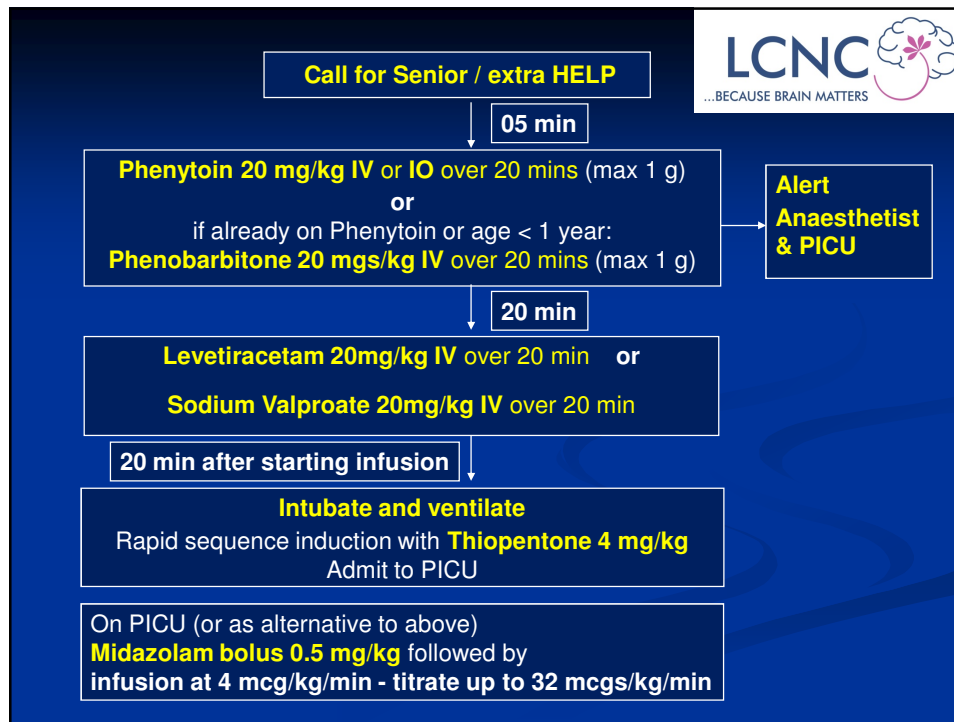
- Most efficacious in first 20 mins of Status
- Later stage need higher doses
- **Best DRUG**
Lorazepam > Midazolam > Diazepam
- **Best ROUTE**
IV > IO > IM > Nasal / Bucal > Rectal
- **Best DOSE**


Management Prolonged convulsive epileptic seizures (Status)



- Safety and Airway, Breathing, Circulation (A B C)
- Check blood glucose by bedside





- LCNC** 
...BECAUSE BRAIN MATTERS
- ## Points to Ponder
- Every child with Prolong seizure **MUST** have take home Midazolam spray
 - Any child presenting with ongoing seizure to health system should be considered in status
 - Use - Best Drug - Best Route - Best Dose
 - Lorazepam (IV / IO) – must be stored in Fridge
 - Midazolam (IV / IM / Bucal)
 - Fos-Phenytoin (IV/ IO) better than Phenytoin
 - Febrile Status – SVA better option

Management In Community



- Do NOT panic
- Safety
- Rescue Medication
- Nasal Midazolam (5mg/ml = 0.5 mg/puff)
Dose 0.2 to 0.4 mg/kg/dose
 - 1 to 2 yr - 4 puffs (2 + 2)
 - 2 to 5 yr – 6 puffs (3 + 3)
 - 5 to 8 yr – 8 puffs (4 + 4)
 - > 8 yr - 10 puffs (5 + 5)



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7th Floor, Sangita Complex, Parimal Garden, Ahmedabad
079-26 444 001 M-91733 90444 info@lcnc.in www.lcnc.in