

When seizures get out of control

Step 1

STATUS EPILEPTICUS OR CLUSTER SEIZURES

SYSTEMIC STABILISATION

- **Establish** airway, breathing + circulatory support (ABC). Administer oxygen + start continuous rate infusion of 0.9% saline at 10ml/kg/hr initially

- **Check** Blood glucose, serum electrolytes, BUN, PCV, TP, ammonia, serum drug level + rectal temperature

- **Treat any potential underlying /associated condition:**
 - Hypoglycaemia
 - Hypocalcaemia
 - Sodium Abnormalities
 - Hepatic Encephalopathy
 - Hypothermia / Hyperthermia

STOP SEIZURE ACTIVITY

BENZODIAZEPINES TO PROVIDE SHORT-TERM SEIZURE CONTROL

- **Administer**
 - 1) Diazepam bolus 0.5 - 2 mg/kg IV or rectally (to a maximum total dose of 20 mg)**OR**
 - 2) Midazolam bolus 0.06 - 0.3 mg/kg IV or IM

Repeat bolus 2-3 times if initial bolus fails to stop the seizures

ADMINISTER PHENOBARBITAL TO PROVIDE LONG-TERM SEIZURE CONTROL:

- In a drug-naïve patient use **LOADING DOSE = 18 to 24 mg/kg IV** (divided into 2 - 4 mg/kg boluses every 10 - 30 minutes)
- In a patient already receiving phenobarbital give a single 3 mg/kg bolus IV or IM

Continue to Step 2 overleaf



Produced by:
Mr Mark Lowrie MA VetMB MRCVS Dip ECVN
Dr Laurent Garosi DVM MRCVS Dip ECVN
Dr Simon Platt BVM&S MRCVS Dip ACVIM (Neurology) Dip ECVN

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* For further assistance on alternative and additional anti-epileptic medication for use in refractory epilepsy, please contact Vetoquinol for information supplied by the authors of this poster.

Further information is available on request from:
Vetoquinol UK Limited, Vetoquinol House, Great Slade, Buckingham Industrial Park, Buckingham, MK18 1PA.
Tel: 01280 814500 Fax: 01280 825460 Email: office@vetoquinol.co.uk Website: www.vetoquinol.co.uk

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Step 2

Are the seizures controlled?

YES

Monitor + start/resume maintenance therapy

- In a naïve patient start oral phenobarbital 2 - 5 mg/kg divided twice daily
- In a patient already receiving phenobarbital:
 - Increase oral dosage by at least 25 to 30% if serum level low and re-check 10 - 14 days later
 - And/or introduce 2nd or 3rd antiepileptic drug*

Investigate Aetiology or Review Diagnosis

NO

START ONE OR MORE OF THE FOLLOWING:

- Diazepam CRI 0.1 - 0.5 mg/kg/hr
- Propofol 1 - 4 mg/kg IV bolus to effect followed by CRI 0.1 - 0.4 mg/kg/min titrated to effect (up to 6 mg/kg/hr as CRI) - if seizures stop decrease CRI by 25% every 6 hours
- Levetiracetam 20 - 60 mg/kg/day IV
- Ketamine 5 mg/kg IV bolus followed by 5 mg/kg/hr CRI
- Isoflurane 1 - 2% MAC

Infusion Monitoring:

- Heart rate, respiratory rate, urine production, blood pressure, temperature, oxygenation/ventilation

Managing Recumbency:

- Turn q4h, lubricate eyes, keep in well padded cage, monitor for pressure sores, thermoregulation + ensure adequate nutrition + fluid therapy



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