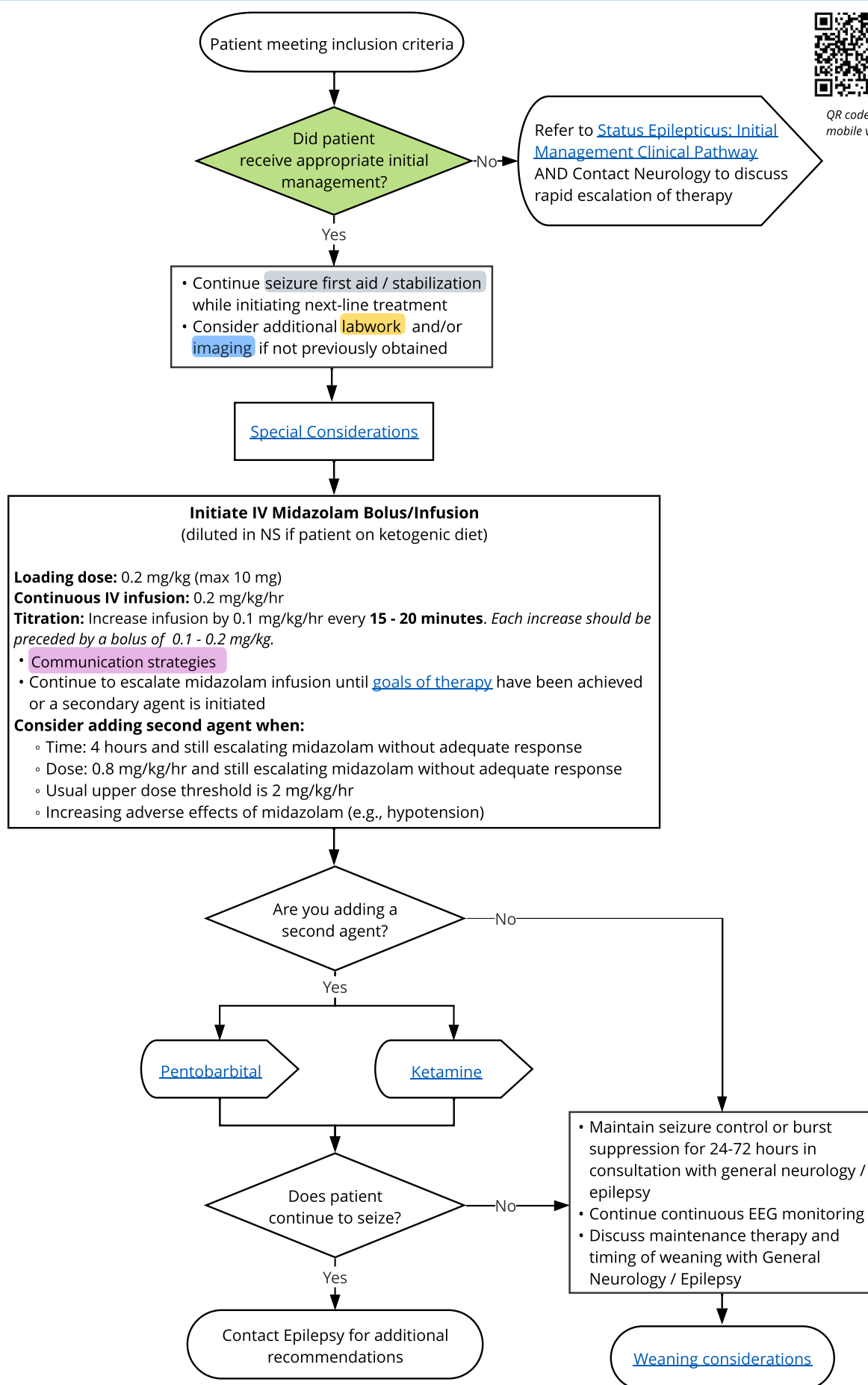




QR code for
mobile view

Inclusion criteria: - Patients > 1 month of age with: - Continuous or recurrent seizures lasting > 60 minutes -AND- - Located in ICU or ED care setting
Exclusion criteria: - Patients presenting after a seizure that is now resolved (refer to other clinical pathway, if applicable): Seizure: First, Non-Febrile Seizure: Febrile
Appropriate initial management: - Includes treatment with at least three adequately dosed anti-seizure medications: - At least one benzodiazepine -AND- - Loading doses of two additional anti-seizure medications
Seizure first aid / stabilization: - Monitor airway, breathing, circulation - Anticipate need for additional support - Intubation - Vasopressors - Initiate continuous EEG - Continue timing and observation of seizure
Labs for consideration: - CBC, BMP, ionized calcium, magnesium, POC glucose - Hepatic function - AED levels - Complete toxicology screen - Infectious workup: - Cultures (blood, urine, respiratory if indicated) - Respiratory panel (RP) PCR - Urinalysis - <i>for screening criteria, refer to UTI Clinical Pathway</i> - LP (cell count, culture, glucose, protein, HSV 1/2 PCR) <i>especially if < 2 years, immunosuppressed, or recent antibiotic use</i>
Imaging for consideration: - MRI (seizure protocol) - Non-contrast head CT if MRI not available or concern for bleed
Communication strategies: - Ongoing conversation between ICU, Neurology and Epilepsy is required throughout dose escalation - Attending to attending conversation should occur each morning after 1000 to discuss goals for the day - Primary attending to page Epilepsy Consult via web on call - Provide frequent updates to parent/caregiver regarding treatment plan



Inclusion criteria:

- Patients > 1 month of age with:
 - Continuous or recurrent seizures lasting > 60 minutes
- AND-**
- Located in ICU or ED care setting

Exclusion criteria:

- Patients with liver failure
- Patients presenting after a seizure that is now resolved (refer to other clinical pathway, if applicable):
 - Seizure: First, Non-Febrile
 - Seizure: Febrile

Special considerations:

- Use with caution in patients < 1 year of age due to immaturity of liver and kidneys
- Use with caution in patients with renal dysfunction, as this may increase the risk of propylene glycol toxicity
- Avoid use in patients with liver failure; use with caution in patients with liver dysfunction
- Closely monitor for extravasation as drug may be irritant

Communication strategies:

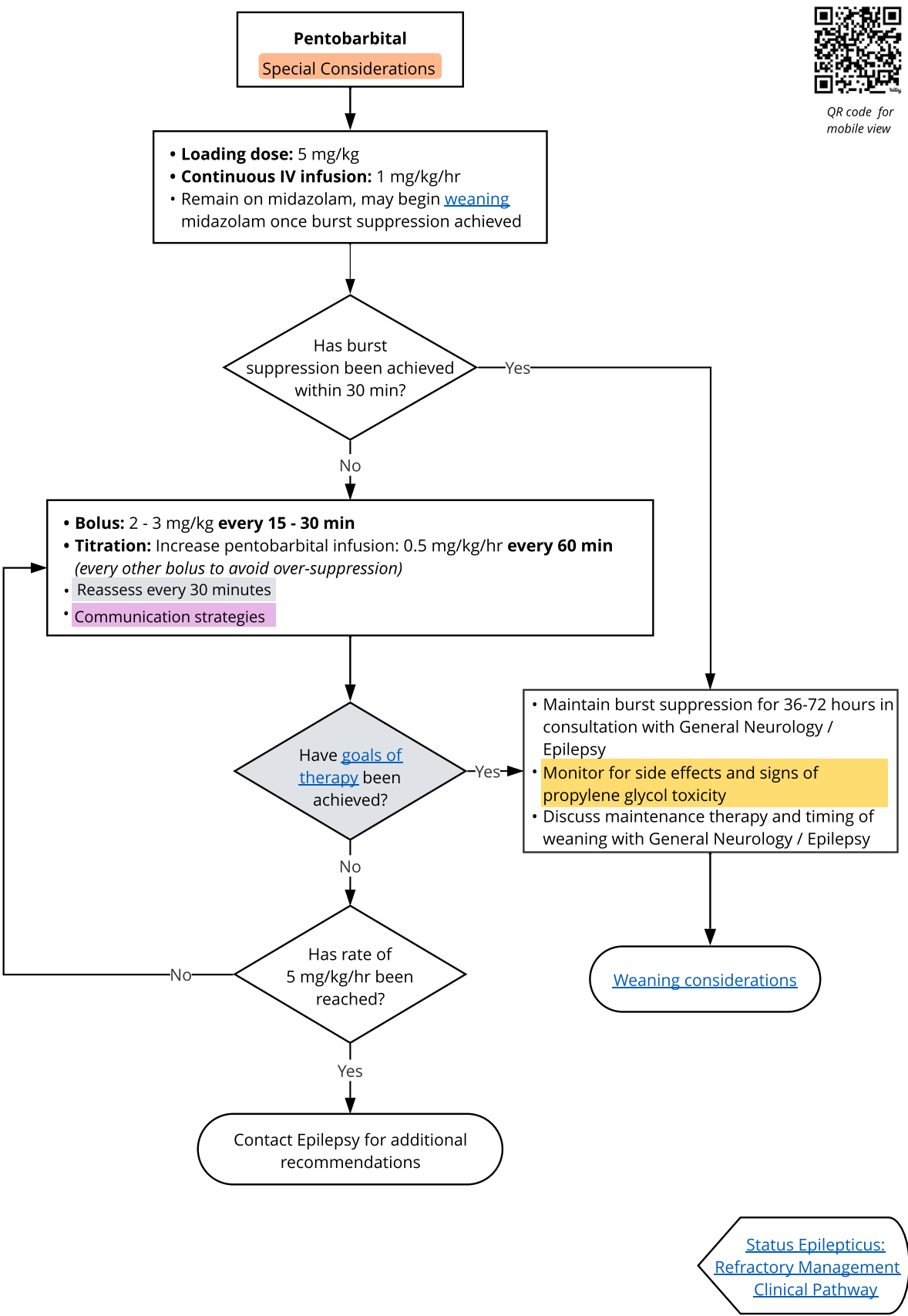
- Ongoing conversation between ICU, Neurology and Epilepsy is required throughout dose escalation
- Attending to attending conversation should occur each morning after 1000 to discuss goals for the day
 - Primary attending to page
 - Epilepsy Consult via web on call
- Provide frequent updates to parent/caregiver regarding treatment plan

Side effects:

- Hypotension
- Bradycardia
- Hypoventilation
- Respiratory depression
- Ileus

Signs of propylene glycol toxicity:

- Lactic acidosis
- Acute renal failure
- Osmolar gap
- Arrhythmias
- Hemolysis
- Refractory hypotension



This clinical pathway is meant as a guide for physicians and healthcare providers. It does not establish a standard of care, and is not a substitute for medical judgment which should be applied based upon the individual circumstances and clinical condition of the patient. Printing of Clinical Pathways is not recommended as these documents are updated regularly. Copyright © The Children's Mercy Hospital 2025. All rights reserved.

Inclusion criteria:

- Patients > 1 month of age with:
 - Continuous or recurrent seizures lasting > 60 minutes
- AND-**
- Located in ICU or ED care setting

Exclusion criteria:

- Patients presenting after a seizure that is now resolved (refer to other clinical pathway, if applicable):
 - [Seizure: First, Non-Febrile](#)
 - [Seizure: Febrile](#)

Special considerations:

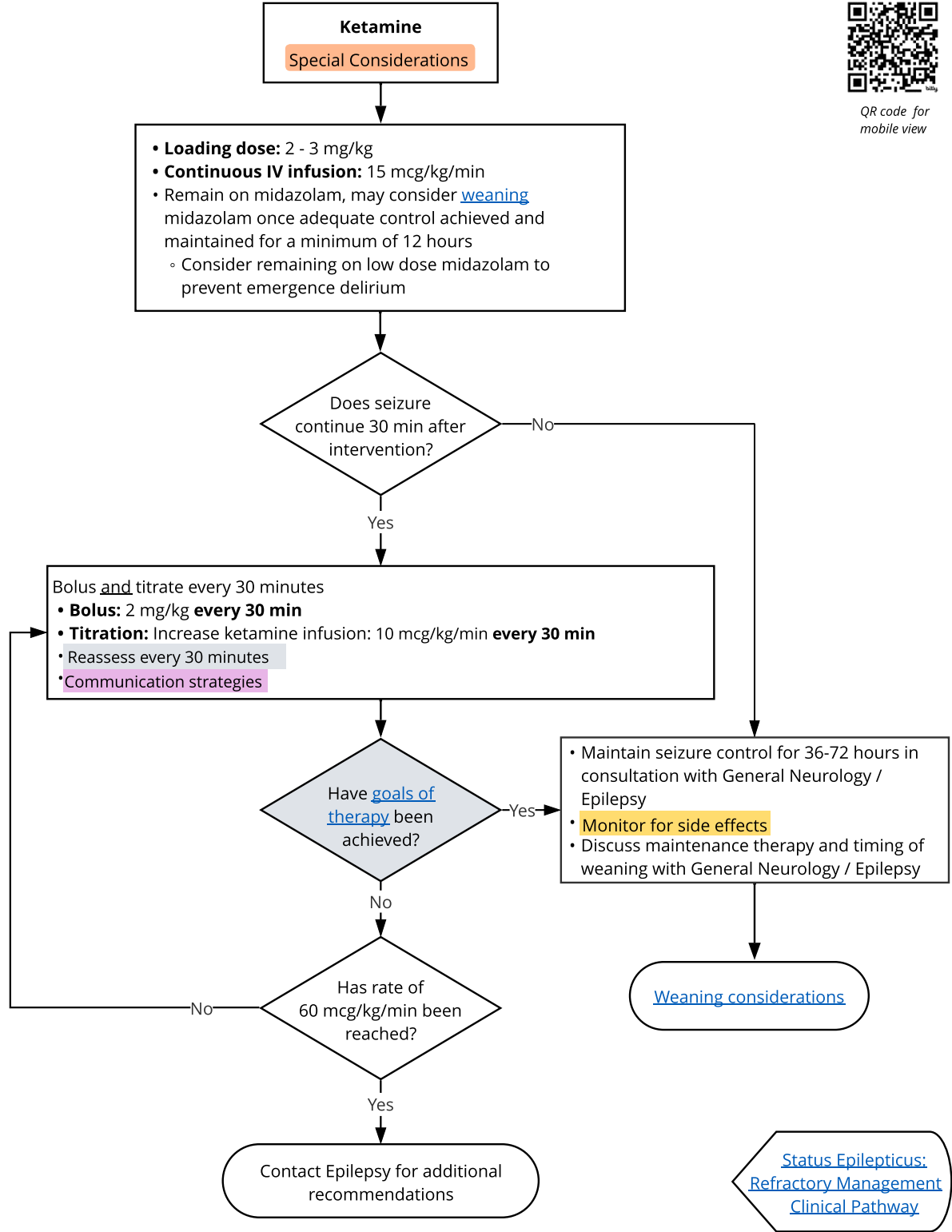
- Use with caution in patients with known or suspected heart failure
- Use with caution in patients with increased intracranial pressures

Communication strategies:

- Ongoing conversation between ICU, Neurology and Epilepsy is required throughout dose escalation
- Attending to attending conversation should occur each morning after 1000 to discuss goals for the day
 - Primary attending to page
 - Epilepsy Consult via web on call
- Provide frequent updates to parent/caregiver regarding treatment plan

Side effects:

- Increased or decreased BP, HR
- Arrhythmia
- Respiratory depression
- Increased secretions
- Laryngospasm



Additional References

Fang, Y., & Wang, X. (2015). Ketamine for the treatment of refractory status epilepticus. *Seizure*, 30, 14-20. <https://doi.org/10.1016/j.seizure.2015.05.010>

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