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Guidelines for Seizure Management

Introduction

This guideline is for

- patients who have isolated or repeated seizures from their underlying illness
- patients with history of seizure who are no longer able to take oral anti-epileptic medication

Definitions

Continuous seizure – isolated grand mal tonic-clonic seizure lasting more than 5 minutes. The persistence of seizure activity beyond 5 minute with or without treatment may indicate impending status epilepticus (see Chen et al)

Status epilepticus – continuous seizure which lasts more than 30 minutes

FIRST LINE TREATMENT FOR ISOLATED CONTINUOUS SEIZURE

Midazolam 5 -10 mg SC/IV Repeat after 5 minutes if seizure persists

Second line treatment for continuous seizure not settling after two doses of above

Phenobarbitone 100 – 200 mg SC

STATUS EPILEPTICUS

Midazolam 0.2 mg/kg SC/IV stat followed by 0.05 mg/kg/hr csc or IV

E.g. 75 Kg patient – 15 mg stat followed by 3.75 mg per hr = 90 mg per 24 hrs

35 Kg patient – 7.5 mg stat followed by 1.75 mg per hr = 45 mg per 24 hrs

Phenobarbitone 100 – 200 mg SC/IV stat followed by 600 – 1200 mg by csci per 24 hrs

(IV Phenobarbitone should be diluted in 10 ml N saline & infused over 30 minutes)

PATIENTS WITH HISTORY OF SEIZURE WHO ARE NO LONGER ABLE TO TAKE ORAL ANTI-EPILEPTIC MEDICATION

NB Phenytoin & Sod Valproate have long $\frac{1}{2}$ -lives and will have a continuing but diminishing anticonvulsant effect. If a patient is moribund and death near, additional anticonvulsant medication may not be required. A stat dose of clonazepam 1 – 2 mg (s/c or oral drops) may be considered as additional cover.

First line treatment

Midazolam 30 – 60 mg by csci per 24 hrs

Second line treatment

Phenobarbitone 600 – 1200 mg by csci per 24 hrs

References

Twycross R & Wilcock A. Symptom Management in Advanced Cancer. 3rd ed. Radcliffe Press, Oxford, 2001 pp 277-278

Twycross R Wilcock A & Thorp S. Palliative Care Formulary. 2nd ed. Radcliffe Medical Press. Oxford 2002. p123

www.palliativedrugs.com Formulary: Midazolam monograph

Chen JYW & Wasterlain CG. Status epilepticus: pathophysiology & management in adults. Lancet Neurology 2006;5: 246 -256