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T2

- 30 minutes for generalized tonic-clonic seizures
- >60 minutes for focal seizures
- Unknown for absence seizures

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Benzos..... in 5 min

Route	Drug dose		
	Lorazepam	Midazolam	Diazepam
IV	0.1 mg/kg (or 4 mg x2) *	--	0.15-0.2 mg/kg (or 5 mg x2) *
IM	--	0.2 mg/kg or 10 mg *	--
IN	--	0.2 mg/kg or 10 mg	--
Buccal	--	0.3 mg/kg or 10 mg	--
PR	--	--	0.2-0.5 mg/kg (or 10 mg x2)

* Preferred first line option

IM Midazolam if no IV
IV Lorazepam if IV obtained
If neither available, use Diazepam IV/PR or Midazolam IN/buccal



Treating RSE (before 30 mins)

Drug	Loading dose	Maintenance infusion rate	Adverse effects
Midazolam	0.2–0.4 mg/kg IV every 5 min until seizures controlled. Maximum dose: 2 mg/kg	0.1–2.0 mg/kg/h	Respiratory depression, hypotension
Propofol	2 mg/kg IV every 5 min until seizures controlled. Maximum dose: 10 mg/kg	30–200 mcg/kg/min Avoid ≥ 80 mcg/kg/min for ≥ 48 h	Hypotension, propofol infusion syndrome
Pentobarbital	5 mg/kg IV up to 50 mg/min every 5 min until seizures are controlled or a maximum loading dose of 15 mg/kg	0.5–5 mg/kg/h	Hypotension, adynamic ileus, respiratory depression, hepatotoxicity, prolonged sedation



Importance of EEG in managing SE

- Patients who are treated after convulsive SE and who go on to have persistent coma for two hours or more develop NCSE which is detected through EEG
- It is also required to help achieve treatment goals.

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