Patients with generalist tonic-clonic status epilepticus
Adapted with permission from SIGN 70: Diagnosis and Management of Epilepsy in Adults. (April 2003)

**Immediate measures**
- Open and maintain airway
- Give oxygen
- Assess cardiac and respiratory function
- Secure intravenous (IV) access in large veins
- Collect blood for bedside blood glucose monitoring and FBC, U&Es, LFTs, calcium, glucose, clotting, AED levels and store for later analysis
- Measure blood gases to assess extent of acidosis

**Give lorazepam IV up to 4 mg (e.g. 2 mg over 1 minute, may be repeated after 3 – 5 minutes) or if lorazepam is unavailable, give diazepam IV up to 10 mg**

- No response?
- Delay in gaining IV access in community

- Repeat after maximum of 10 minutes if in hospital
- Give 10 – 20 mg diazepam rectally or midazolam buccal (unlicensed) 10 mg, repeated after 10 minutes if necessary

**Determine aetiology:**
- Any suggestion of hypoglycaemia: give 100 ml of Glucose 20%
- Any suggestion of alcohol abuse or impaired nutritional status give: thiamine IV (as 2 pairs of Pabrinex® ampoules)
- Give usual AED treatment – can be given by nasogastric tube if airway secured (or

**Within 30 minutes**

- If status persists

- Give phenytoin IV 18 mg/kg*, at a rate of 50 mg/minute or less; with ECG monitoring
  *Dose recommended higher than licensed dose but based on SIGN recommendations. See guideline on Phenytoin Dose Calculation for further information.
- Call ITU to inform of patient

**> 30 minutes**

- If status persists

- Administer general anaesthesia
- Monitor using EEG to assess seizure control
- Refer for specialist advice