



Refractory Status Epilepticus (RSE): Persistent seizure despite adequate doses of ≥ 2 anticonvulsants*

Please contact neurology at time of initiation

Option 1 - Propofol or Midazolam

• **Propofol** 1-2mg/kg IV, infuse 10mg/min
Then:
• Initiate infusion at 25-65mcg/kg/min**

• **Midazolam** 0.5mg/kg slow IV push
Then:
• Initiate infusion at 2mcg/kg/min**

Burst suppression achieved?**

YES

(at \leq max dose)

NO

Select alternate AED above

6 hour assessment:
Does EEG show seizure during
the preceding hour (hour 5-6)?

NO

YES

• Wean AED
• Discuss prophylactic
AEDs with neurology

• If on propofol, consider increase or select alternate AED above
• Consider burst suppression for 48-72 hours, then wean ***
• Obtain MRI/MRS, multiple agents, expanded diagnostic eval
• Discuss adjunct AEDs with neurology

Option 2 - Pentobarbital

• **Pentobarbital** 5-10mg/kg IV
Then:
• Initiate infusion at 0.2-0.4mg/kg/min**

Burst suppression achieved?**

NO

(at \leq max dose)

YES

Discuss adjunct AEDs with neurology

24 hour assessment:
Does EEG show seizure during
the preceding hour?

YES

NO

• Wean AED***
• Discuss prophylactic
AEDs with neurology

*Pre-existing epileptic encephalopathy is an exclusion criteria for RSE guideline

**Titrate upward to EEG burst suppression as tolerated systemically; goal 1 burst per 10-second screen

***Preferable to initiate wean in early AM if possible