**Infantile Spasms: Treatment Algorithm**
(Primary Children’s Hospital Pediatric Neurology)

**Infantile Spasms**

- **Tuberous sclerosis**
  - Vigabatrin
    - Start 50mg/kg/day div BID
    - Increase by 25-50mg/kg/day q3 days until spasms stop.
    - Max dose is 150mg/kg/day.

- **Not tuberous sclerosis**

  **Prednisolone 15mg/5mL**
  - 45mg/day x 1 week

  **Clinical Evaluation +/- EEG**
  - **Spasms stop**
    - Continue @ 45mg/day for 2 total weeks, then taper over 2 weeks to complete 4 weeks total course of steroids.
  - **Spasms persist**
    - Increase prednisolone to 60mg/day x 1 more week

  **Clinical Evaluation +/- EEG**
  - **Spasms stop**
    - Taper over 2 weeks, to complete 4 weeks total course of steroids.
  - **Spasms persist**
    - Stop prednisolone after 2 total weeks.
      - Taper is optional.
      - Consider vigabatrin.

  **Clinical Evaluation +/- EEG**
  - **Spasms stop**
  - **Spasms persist despite max dose**
    - Withdraw vigabatrin.
    - Consider prednisolone.

**Prednisolone 15mg/5mL**
- **Starting @45mg/day:**
  - 13mL (~40mg) QD x 5D
  - 6.5mL (~20mg) QD x 5D
  - 3.5mL (~10mg) QD x 5D

**Prednisolone 15mg/5mL**
- **Starting @60mg/day:**
  - 10mL (~30mg) QD x 5D
  - 6.5mL (~20mg) QD x 5D
  - 3.5mL (~10mg) QD x 5D

**High dose steroids, Vaccines and Exposures**
- **Defer steroids for 4 weeks after live vaccines**
- **Defer steroids for 21 days after varicella exposure**
- **Consider deferring steroids if siblings or household contacts have received live virus vaccines within 4 weeks.**