**STUDY DRUG # \_\_\_\_\_\_\_\_\_\_\_ PATIENT STICKER Call UKMDs (257-5522) with ESETT enrollment**

**Emergency 24-Hour Study Hotline: 1-855-ESETT-PI (373-8874)**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Inclusion**

□ Seizing for > 5 min

□ Continued/recurring now despite adequate benzo (What is adequate benzo? Refer to cheat sheet)

□ Last dose of benzos given >5 min ago and <30 mins ago

□ Age ≥ 2 years

**Exclusion**

* **Known** pregnancy, severe metabolic/liver/renal disease
* **Known** allergy or contraindication to: phenytoin (Dilantin), fosphenytoin (Cerebyx), levetiracetam (Keppra), or valproic acid (Depakote)
* Status epilepticus thought to be caused by: hypoglycemia <50 mg/dL, hyperglycemia >400 mg/dL, acute traumatic brain injury, cardiac arrest/post anoxia
* **For this episode** of status epilepticus: already given intravenous 2nd line anticonvulsant or non-benzo sedatives with anticonvulsant properties (propofol, etomidate, ketamine, etc.) or endotracheally intubated
* Prisoner
* Opt-out identification (bracelet) or LAR refusal

**HAVE ADEQUATE DOSES OF BENZOS BEEN GIVEN?** – Pre-hospital doses count

**Must be given *AT LEAST* the following:**

**(doses may have been divided to reach adequate dose)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medications** | **< 32 kg** | **≥ 32 kg** | **Date/Times Given** |
| **Diazepam (Valium)** | **0.3 mg/kg IV or PR** | **10 mg IV or PR** |  |
| **Lorazepam (Ativan)** | **0.1 mg/kg IV** | **4 mg IV** |  |
| **Midazolam (Versed)** | **0.3 mg/kg IM or 0.2 mg/kg IV** | **10 mg IM or IV** |  |

**Age Group:** **□ Child (2 – 17)**

**□ Adult (18 – 65)**

**□ Elder (66 and older)**

**Estimated Weight (at time of infusion): \_\_\_\_\_\_\_\_\_\_\_\_**

**Total Infusion Volume (mLs): \_\_\_\_\_\_\_\_\_\_\_\_**

**Infusion Rate (mL/hr): \_\_\_\_\_\_\_\_\_\_\_\_**

**Verify vol/rate with 2nd RN (initial here): \_\_\_\_\_\_\_\_\_\_\_\_**

**START time of Infusion: \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_**

**STOP time of Infusion: \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_**

**Time seizure activity stopped (must**

**speak loudly and clearly for iPod recording): \_\_\_\_\_\_\_\_:\_\_\_\_\_\_\_\_**

**After Start of Study Drug**

**20 Minutes 60 Minutes**

Time: \_\_\_\_:\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Clinically apparent

seizures: □YES □NO □YES □NO

Improved responsiveness

to verbal or noxious stimuli

(compared to pre-drug admin): □YES □NO □YES □NO

RASS: \_\_\_\_\_\_\_\_

***Richmond Agitation Sedation Scale (RASS) on back of sheet***



**Richmond Agitation Sedation Scale (RASS)**

**Score Term Description**

+4 Combative Overtly combative, violent, immediate danger to staff

+3 Very agitated Pulls or removes tube(s) or catheter(s); aggressive

+2 Agitated Frequent non-purposeful movement, fights ventilator

+1 Restless Anxious but movements not aggressive vigorous

0 Alert and calm

-1 Drowsy Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)

-2 Light sedation Briefly awakens with eye contact to voice (<10 seconds)

-3 Moderate sedation Movement or eye opening to voice (but no eye contact)

-4 Deep sedation No response to voice, but movement or eye opening to physical stimulation

-5 Unarousable No response to voice or physical stimulation