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| **Nursing Guide to ESETT**  **(RC Use Only – not a handout)** | |
| **Materials** | Procedure Demonstration for Max Dose. Access [here](file:///S:\Restricted\emergency_medicine\PECARN\ESETT\Training%20Materials\Infusion%20Instructions\Procedure%20Demonstration%20for%20Max%20Dose_NKH.docx).  Step-by-step poster print out. Access [here](file:///S:\Restricted\emergency_medicine\PECARN\ESETT\Training%20Materials\FINAL%20poster.2pdf.pdf).  Inclusion/Exclusion card and dosing chart. Access [here](file:///S:\Restricted\emergency_medicine\PECARN\ESETT\Use-Next%20Box%20Materials\ESETT%20card%20for%20box.docx).  Pocket cards. [Front](file:///S:\Restricted\emergency_medicine\PECARN\ESETT\Training%20Materials\Pocket%20Cards\Nursing\Nurse%20Pocket%20Card%20(Front).docx). [Back](file:///S:\Restricted\emergency_medicine\PECARN\ESETT\Training%20Materials\Pocket%20Cards\Nursing\Nurse%20Pocket%20Card%20(Back).docx).  ESETT box appropriate to location  Opt-out bracelet |
| **Study Purpose** | Established Status Epilepticus Treatment Trial or ESETT looks at which of these three medications as a second line convulsant: fosphenytoin (also called Cerebyx, similar to Dilantin), levetiracetam (also called Keppra) and valproic acid (also called Depacon or Depakote) is most effective in patients who have seizures that continue despite initial emergency treatments. Patients will be randomized to one of these three drugs. This is a double-blind study.  This is an Exception from Informed Consent study, so subjects will be enrolled before they are consented to be in the study. Once things have settled study team will approach LAR to get consent. Social Work will also be aware of the study and can assist when needed. |
| **Inclusion/**  **Exclusion** | 1.) Patient witnessed to seize for greater than 5 minute duration prior to treatment with study drug  2.) Patient received adequate dose of benzodiazepines. The last dose of benzo was administered in the 5-30 minutes prior to study drug administration,  3.) Continued or recurring seizure in ED  4.) Age 2 years or older.  Exclusion Criteria:  1.) Known pregnancy, severe metabolic/liver/renal disease  2.) Known allergy or contraindication to: phenytoin (Dilantin), fosphenytoin (Cerebyx), levetiracetam (Keppra), or valproic acid (Depakote)  3.) For this episode of status epilepticus already…given intravenous 2nd line anticonvulsant or non-benzo sedatives with anticonvulsant properties (propofol, atomidate, ketamine, etc) or endotracheally intubated  4.) Status epilepticus thought to be caused by: hypoglycemia <50mg/dL; hyperglycemia >400mg/dL; acute traumatic brain injury; cardiac arrest/post anoxia  5.) Prisoner  6.) Opt-out identification declining ESETT |
| **Procedure** | * Everyone is responsible for identifying an ESETT patient * Ask the physician if patient is ESETT eligible * **Follow step-by-step poster** * ESETT box will be kept at recording nursing desk   + Pharmacy will then collect box if RC has not arrived in time. * CALL THE STUDY TEAM AT 781-763-7388!!!   + This number will be located with the step-by-step poster, on your pocket cards, and ESETT box. * If there has been no word from study team that they are on their way, you are to call this number again. |
| **Don’t Forget!** | * Explain dose administration at max dose. * Watch the training video located on your pocket cards.   + Keep your pocket cards on you at all times.   + Explain pocket cards. * Show opt-out bracelet.   + Patients can also opt out of ESETT with their medical alert bracelets. |
| **Take Home Message** | If an ESETT pt appears to be eligible, ask physician if pt is ESETT eligible. |
| **FAQs** | **Q. What entails adequate dose of benzos?**  **A.** Subject received adequate cumulative dose(s) of benzodiazepines (may be  administered in two or more divided doses):  For all adults, and children ≥ 32 kg, adequate doses are at least:  diazepam 10 mg IV or PR or  lorazepam 4 mg IV or  midazolam 10 mg IV or IM  For children < 32 kg, adequate doses are at least:  diazepam 0.3 mg/kg IV or PR or  lorazepam 0.1 mg/kg IV or  midazolam 0.3mg/kg IM - or 0.2 mg/kg IV  **Q.  Does the exclusion criterion ‘metabolic disease’ refer to patients with diabetes?**  **A.** No.  “Metabolic disease” does not refer to either diabetes nor to the so-called pre-diabetic “metabolic syndrome”.  Rather, the term “metabolic disease” is an exclusion based upon a warning on the FDA label for VPA referring to certain rare inborn errors of metabolism in children less than 2 years old. |