**Definition:**
One of the following:

1. Continuous seizures for >5 minutes
2. Two or more discrete seizures between which patient does not regain consciousness

**Immediate Treatment**

Many seizures will spontaneously remit in 2 minutes; initial supportive management may be appropriate.

Once seizures have continued for >2 minutes, IV benzodiazepines should be administered.

- **IV lorazepam**, 4 mg, can repeat once
- **IV diazepam**, 10-20 mg every 1 minute
- **Intramuscular midazolam**, 10 mg if IV access unavailable

If seizures continue, **urgent neurology** consultation and choose among the following agents:

- **Fosphenytoin**, 20 PE/kg at 100-150 mg/min (max 1500 PE)
- **Phenytoin**, 20 mg/kg at 50 mg/min (monitor for hypotension and cardiac arrhythmias)
- **Valproic acid**, 20 mg/kg at 6 mg/min (max 3000 mg)
- **Levetiracetam**, 20 mg/kg at 100 mg/min (max 4500 mg)
- **Phenobarbital**, 15 mg/kg at 50-75 mg/min
- Simultaneously prepare IV infusion of midazolam and propofol

If seizures continue:

- Intubate
- **Midazolam**, 0.2 mg/kg bolus, followed by 0.1 mg/kg/h
- **Propofol**, 1-2 mg/kg bolus, followed by 20 µg/kg/min
- Transfer to ICU and initiate video electroencephalographic monitoring

**Start**

1. **Establish team leader and call for HELP.**
2. **Check pulse and vital signs.**
   - If pulseless, initiate Advanced Cardiovascular Life Support.
3. **Start supplemental oxygen**; set up suction.
4. **Obtain intravenous (IV) or intraosseous access.**
5. **Perform focused physical exam.**
   - Pupillary exam
   - Cardiopulmonary exam
6. **Check glucose** via finger stick; if <70 mg/dL, give 50 mL dextrose 50%.
7. **Obtain diagnostic testing.**
   - Complete blood count, basic metabolic panel, magnesium level, phosphorus level, liver function tests, antiepileptic drug levels
   - Urine toxicology
8. **If febrile**, treat with rectal acetaminophen, 650 mg.