**Status Epilepticus: Emergency Management**

Andrew Linklater, DVM, DACVECC
Lakeshore Veterinary Specialists
Glendale, Wisconsin

---

**Status Epilepticus**

- **Diazepam** at 0.5–1 mg/kg IV or midazolam at 0.2–0.5 mg/kg IV, IM, or double-dose PR (if clients are administering); may repeat 3x
  - Seizure stops → Begin long-term AED
  - Some response → CRI of diazepam at 0.5–1 mg/kg/h or midazolam at 0.1–0.5 mg/kg/h IV and phenobarbital load at 2–4 mg/kg IV q0.25–4h (loading dose, 16–20 mg/kg once total), titrate to effect; may have light inactivation and plastic adherence
  - Seizure does not stop or recurs → Propofol infusion at 2–8 mg/kg IV induction, then 0.1–0.6 mg/kg/min ± benzodiazepine CRI; phenobarbital load
    - Seizure stops → Begin long-term AED
    - Seizure does not stop or recurs → Start 1 of following:
      - Levetiracetam at 20–60 mg/kg IV
      - Isoflurane at 0.5%–2% for 1–6 h
      - Dogs only: NaBr (IV, over 8 hours, diluted in sterile water) or KBr divided PO or PR at 400–800 mg/kg
        - Seizure stops → Begin long-term AED

---

*Airway, breathing, and circulatory disturbances should be treated first. Prolonged seizures may result in cerebral edema, necessitating furosemide (1–2 mg/kg IV), 20% mannitol (0.5–1 g/kg, over 15–20 min IV), and/or dexamethasone NaP (0.05–0.3 mg/kg IV). Underlying disease must be treated.

**Patients on phenobarbital may require higher doses because of hepatic enzyme induction; blood AED levels should be collected. Patients on phenobarbital may receive a small load of 4 mg/kg IV.

**Endotracheal intubation ± oxygen and ventilation is necessary.

AED = antiepileptic drug, CRI = constant-rate infusion, PR = per rectum