Support airway
High flow oxygen
Consider reversible causes*
(Don’t ever forget glucose)

Vascular access?

Yes
IV or IO Midazolam
0.15 mg/kg
(Max 10 mg)

No
IM Midazolam
0.15 mg/kg
OR
Buccal / Intranasal Midazolam
0.3 mg/kg
(Max 10 mg)
Continue attempts to achieve IV/IO access

Still fitting?

No
Monitor

Yes
IV or IO Midazolam
0.15 mg/kg
Prepare Levetiracetam or Phenytoin*

Still fitting?

No
Monitor

Yes
Confirm that it is an epileptic seizure
Give Levetiracetam or Phenytoin*
Seek anaesthetic / ICU help

Still fitting?

No
Monitor

Yes
Give Phenytoin or Levetiracetam
(whichever was not given above)
OR
Phenobarbitone
Prepare for rapid sequence induction and intubation

Still fitting?

No
Monitor

Yes
Rapid sequence induction and intubation

5 min
From onset of seizure

5 min
after first dose of Midazolam given
(include doses given prior to arrival in hospital)

5 min
after second dose of Midazolam given

5 min
After infusion finished

5 min
After infusion finished

*Reversible Causes
Systemic:
Hypoglycaemia
Hyponatraemia
Hypertensive emergency
Intracranial:
Infection
Bleed
Raised ICP

*Give Levetiracetam 40 mg/kg
(max 3g) infused over 5 mins
OR
Phenytoin 20 mg/kg infused over 20 mins
If patient is not taking that medication

Status epilepticus management