

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

### EDPED Status Epilepticus

Version 1 8/18/15

- This pediatric order set is intended for use in patients 1 month through 17 years of age and less than 50 kilograms

#### Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard \_\_\_\_\_
- Measure (NOT STATED) Weight in KG
- Assess neurologic status every hour
- Point of Care Capillary Blood Glucose NOW
- Cardiac monitor
- Pulse oximetry continuous
- Seizure precautions
- Oxygen Delivery RN/RT to Determine Titrated to maintain Oxygen saturation greater than 90%

#### IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain
- Intraosseous catheter Insert/Maintain IF unable to start IV

#### IV Fluids - Maintenance Specific Fluid

Sodium Chloride 0.9% IV

- \_\_\_\_\_ milliliter/hour continuous intravenous infusion

#### Medications

- Initial management of status epilepticus in children (see link for up to date recommendations)

##### First Line:

LORazepam

- 0.1 milligram/kilogram intraosseously or intravenously once (MAX 3 mg/ dose, push slowly no faster than 2 mg/min); may repeat in 5 minute if still seizing

If no IV or IO Access

LORazepam

- 0.1 milligram/kilogram rectally once May repeat once in 5 minutes if seizure persists and no IV/IO access available

\*\*OR\*\*

LORazepam

- 0.1 milligram/kilogram intramuscularly once

##### Second Line if no response in 10-15 minutes:

fosphenytoin

- 20 milligram/kilogram phenytoin equivalents intraosseously or intravenously once as needed if seizure continues 5 minutes after second lorazepam dose; in second IV (MAX rate 150mg/min)

##### Third Line if no response in 15-30 minutes:

diazepam (VALIUM)

- 0.5 milligram/kilogram rectally once (MAX 10 mg)

\*\*OR\*\*

levETIRAcetam (KEPPRA)

- 50 milligram/kilogram intravenously once (MAX 2500 mg)

Initials \_\_\_\_\_

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Laboratory

- For Lumbar Puncture orders please use ED Lumbar Puncture order set.

STAT Labs

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- MAGNESIUM LEVEL, PLASMA
- PHOSPHORUS LEVEL, PLASMA
- BLOOD CULTURE STAT Quantity: \_\_\_\_; Additional Instructions to Phlebotomist: \_\_\_\_\_
- PREGNANCY TEST, SERUM
- URINE DRUG SCREEN
- ALCOHOL, ETHYL LEVEL
- ACETAMINOPHEN LEVEL
- SALICYLATE LEVEL
- CARBAMAZEPINE (TEGRETOL) LEVEL
- PHENOBARBITAL LEVEL
- DILANTIN (PHENYTOIN) LEVEL
- VALPROIC ACID LEVEL
- UA W/MICROSCOPY, CULT IF INDIC
- Other: \_\_\_\_\_

Radiology and Diagnostic Tests

- EEG (Electroencephalogram) Reason for exam: \_\_\_\_\_
- CT Head without Contrast Reason for exam: \_\_\_\_\_

Consult Provider

- Provider to provider notification preferred.
  - Consult other provider \_\_\_\_\_ regarding \_\_\_\_\_
  - Does nursing need to contact consulted provider? [ ] Yes [ ] No

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_