

(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: _____

ED Status Epilepticus

Version 1 8/18/15

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- 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 x 2

IV Fluids - Maintenance Specific Fluid

Sodium Chloride 0.9% IV

- 125 milliliter/hour continuous intravenous infusion

Medications

Initial Therapy

- Treatment of convulsive status epilepticus in adults algorithm from Up to Date (see link)

In first IV:

LORazepam

- 4 milligram intravenously once in first IV; may repeat in 1 minute if still seizing

- **OR**

diazepam (VALIUM)

- 5-10 milligram intravenously once may repeat in 10-15 minutes if seizure continues (MAX total dose 30 mg)

- **OR**

midazolam (VERSED)

- 0.2 milligram/kilogram intravenously once in first IV

If no IV Access

midazolam (VERSED)

- 10 milligram intramuscularly once

- **OR**

LORazepam

- 4 milligram intramuscularly once

- **OR**

diazepam (VALIUM)

- 10 milligram rectally once

In second IV:

fosphenytoin

- 20 milligram/kilogram intravenously once as phenytoin equivalents; in second IV (MAX rate 150mg/min)

- **OR**

levETIRAcetam (KEPPRA)

- 500 milligram intravenously once over 15 minutes

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: 2; Additional Instructions to Phlebotomist: From 2 different sites, 5 minutes apart
- 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: _____