Ongoing Management once seizures controlled

Seek advice from neurology at GGC regarding ongoing management but do not delay starting maintenance therapy if advice not immediately available.

Drug	Usual Starting Dose	Time after loading dose to start first maintenance dose	Considerations
Levetiracetam	IV/PO 1000mg TWICE a day (if eGFR >50ml/min)	If eGFR (ml/min): • >50 = 6 hours • 30-50 = 12 hours • <30 = 24 hours	- Reduce dose in renal impairment. If eGFR (ml/min): • >50 = 1000mg TWICE a day • 30-50 = 750mg TWICE a day • <30 = 500mg TWICE a day Renal replacement therapy: 500-1000mg once daily – contact renal team to discuss timing of dialysis. - Check interactions in the BNF
Phenytoin	IV/PO 3 - 5mg/kg ONCE a day Usual starting dose IV/PO 300mg ONCE a day	12 - 24 hours	- Check level 2-4 hours post IV loading dose, if subtherapeutic a top up dose may be required - see link on how to interpret level for albumin - Seek pharmacy advice for patients requiring liquid or NG administration - Check interactions in the BNF
Sodium Valproate	IV/PO 5 - 7 mg/kg TWICE a day Usual starting dose IV/PO 300-400mg TWICE a day	4 - 8 hours	- **Reproductive risks in female and male patients <55 years.** Ongoing prescribing must adhere to Valproate Pregnancy Prevention Programme, link - Check interactions in the BNF - **AVOID** in combination with carbapenems e.g. meropenem – leads to a marked reduction in sodium valproate effect - Increases lamotrigine levels – seek neurology/pharmacy advice

Indications and cautions for stage 3 antiepileptic drugs in the treatment of status epilepticus

Drug	May be preferred:	Cautions to consider:
Levetiracetam	• Already taking Levetiracetam and suspected poor adherence • Alternatives contraindicated or previously ineffective • Favourable side effect and interaction profile	• Known allergic reaction • Reduce maintenance dose in renal impairment • Mood or behavioural disorder (may worsen symptoms)
Phenytoin	• Already taking Phenytoin and suspected poor adherence • Alternatives contraindicated or previously ineffective	• Bradycardia • Heart block • Porphyria • Known allergic reaction • Caution in liver disease • Administration via enteral tubes can be problematic • Therapeutic drug monitoring required
Sodium Valproate	• Already taking Sodium valproate and suspected poor adherence • Genetic generalised epilepsy • Mood disorder • Alternatives contraindicated or previously ineffective	• Reproductive risks in female and male patients <55 years *see below • Pre-existing liver disease or pancreatitis • Known metabolic disorder predisposing to hepatotoxicity • Known allergic reaction • Mitochondrial disease • Avoid in patients prescribed carbapenem antibiotics • Porphyria

***** Sodium Valproate Reproductive Risks: **The primary aim in status epilepticus management is termination of seizures and preservation of life.** The MHRA have issued advice on use of sodium valproate in female and male patients under 55 years. Decisions regarding ongoing treatment once seizures controlled must be in line with MHRA advice.