

Sample Protocol #2: Measures to be taking if number, duration, or severity of seizures observed is excessive, including number or duration of seizures requiring physician notification.

Policy: Physician Notification and Management for Excessive Seizure Frequency or Duration

Purpose: To identify and treat frequent seizures to prevent associated morbidity or progression to status epilepticus

1. The admission order set for the Pediatric Epilepsy Monitoring Unit includes orders to ensure safety during a seizure and appropriate notification of physician to escalate care in the event of frequent or prolonged seizures. These include:
 - a. Seizure precautions: padded bedrails, suction equipment at bedside, Venturi mask connected to oxygen
 - b. Notify provider order: Starting <admission date and time> Until <no end time, unless patient discharged or transferred out or EMU>. Notify physician for: Seizure lasting longer than <specify time> minutes. Seizure frequency greater than <specify number> per hour and/or greater than <specify number> in <specify number> hours
 - c. The Notify provider order can be modified as appropriate for each patient, however the default order is: "Notify physician for Seizure lasting longer than 5 minutes. Seizure frequency greater than 1 per hour and/or greater than 3 in 4 hours"
 - d. Standing medication orders for seizures lasting more than 5 minutes, unless contraindicated due to allergy or medical condition are entered for all patients:
 - i. Diastat <age appropriate dose> rectally prn for seizure lasting more than 5 minutes with altered consciousness
 - ii. Lorazepam <age appropriate dose> IV prn for seizure lasting more than 5 minutes with altered consciousness
 - e. Note that not all patients will have an IV placed, but all should have an age appropriate dose of IV medication ordered and the medication available on the Epilepsy Monitoring Unit for administration in the event that IV access is placed for treatment of a prolonged seizure. Likewise, even patients with an IV in place should have an age appropriate dose of rectal medication ordered and the medication available on the Epilepsy Monitoring Unit for administration in the event that IV access is lost during a prolonged seizure.
2. The management for prolonged and frequent seizures should always be discussed with a physician.
 - a. A first dose of rescue medicine for prolonged seizure greater than 5 minutes may be given as per standing orders, but concurrent notification of physician should occur, and physician should guide further management of prolonged seizures or status epilepticus.
 - b. Management for Status Epilepticus should follow established Clinical Practice Guideline for Status Epilepticus (see separate protocol).
 - c. Management for frequent seizures should be directed by the physician and individualized to the patient. This may include use of IV or rectal rescue medicine and/or IV or oral administration of other anti-seizure medications.
3. EMU on-call attending physician and fellow are on call 24 hours per day, 7 days per week, and their name and pager numbers are always clearly identified in the electronic paging system, and

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also posted on the wall in the Epilepsy Monitoring Unit control room so that staff can easily identify the on-call physician. In addition, the Green pediatric team provides in-house physician coverage when the EMU physicians are not present in the hospital. They receive daily sign out on all EMU patients and the physician pager numbers are also always clearly identified in the electronic paging system

4. Patients are under continuous observation by a family member present in the room, and by a monitoring technician observing via camera.
 - a. If a seizure is identified by family member, he/she notifies team by pressing the event button.
 - b. If the event button is pressed, or if the monitoring technician identifies a seizure on camera, an overhead page is issued calling the nursing staff to the room to evaluate the patient further.
 - c. If a family member needs to leave the patient unit a staff member sits in the room to observe the patient until the family member returns, unless the physician approves for the patient to be alone with observation via monitoring tech only.