

EC PEDIATRIC SEIZURE AND STATUS EPILEPTICUS PLAN

PHYSICIAN ORDERS

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

Seizure, stable patient

Choose ONE of the following for seizure activity:

**LORazepam (LORazepam pediatric)**

- 0.1 mg/kg, IVPush, inj, ONE TIME  
Recommended maximum dose is 3 mg.
- 0.1 mg/kg, intra-osseous, inj, ONE TIME  
Recommended maximum dose is 3 mg.
- 2 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 20 kg  
Recommended maximum dose is 3 mg.
- 3 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 30 kg  
Recommended maximum dose is 3 mg.

**midazolam (midazolam pediatric)**

- 0.2 mg/kg, IVPush, inj, ONE TIME  
Recommended maximum dose is 10 mg.
- 10 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 50 kg  
Recommended maximum dose is 10 mg.
- 0.2 mg/kg, intra-osseous, inj, ONE TIME  
Recommended maximum dose is 10 mg.
- 0.2 mg/kg, intra-nasal, soln, ONE TIME  
Recommended maximum dose is 10 mg.

**diazePAM (diazePAM pediatric)**

- 0.5 mg/kg, rectally, soln, ONE TIME  
Recommended maximum dose is 20 mg.

Status Epilepticus

Choose ONE of the following for status epilepticus:

**LORazepam (LORazepam pediatric)**

- 0.1 mg/kg, IVPush, inj, ONE TIME  
Recommended maximum dose is 3 mg.
- 0.1 mg/kg, intra-osseous, inj, ONE TIME  
Recommended maximum dose is 3 mg.
- 2 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 20 kg  
Recommended maximum dose is 3 mg.
- 3 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 30 kg  
Recommended maximum dose is 3 mg.

TO  Read Back

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<p><b>midazolam (midazolam pediatric)</b></p> <p><input type="checkbox"/> 0.2 mg/kg, IVPush, inj, ONE TIME Recommended maximum dose is 10 mg.</p> <p><input type="checkbox"/> 10 mg, IVPush, inj, ONE TIME, for patients with weight GREATER than/EQUAL to 50 kg Recommended maximum dose is 10 mg.</p> <p><input type="checkbox"/> 0.2 mg/kg, intra-osseous, inj, ONE TIME Recommended maximum dose is 10 mg.</p> <p><input type="checkbox"/> 0.2 mg/kg, intra-nasal, inj, ONE TIME Recommended maximum dose is 10 mg.</p>
	<p>Additional Medications</p> <p><b>levETIRAcetam (levETIRAcetam pediatric)</b></p> <p><input type="checkbox"/> 40 mg/kg, IVPB syr, inj, ONE TIME Recommended maximum dose is 4500 mg.</p> <p><input type="checkbox"/> 40 mg/kg, intra-osseous, inj, ONE TIME Recommended maximum dose is 4500 mg.</p>
	<p><b>fosphenytoin (fosphenytoin pediatric)</b></p> <p><input type="checkbox"/> 20 mg/kg, IVPB syr, inj, ONE TIME, 3 mg/kg/min Administer at a rate of 3 mg/kg/min with MAXIMUM rate of 150 mg/min. Recommended maximum dose is 1500 mg.</p>
	<p><b>valproic acid</b></p> <p><input type="checkbox"/> 40 mg/kg, IV, inj, ONE TIME Recommended maximum dose is 3000 mg.</p> <p><input type="checkbox"/> 40 mg/kg, intra-osseous, inj, ONE TIME Recommended maximum dose is 3000 mg.</p>
	<p><b>PHENobarbital (PHENobarbital pediatric)</b></p> <p><input type="checkbox"/> 20 mg/kg, IVPush, inj, ONE TIME Recommended maximum rate is 60 mg/min. Recommended maximum dose is 1000 mg.</p> <p><input type="checkbox"/> 20 mg/kg, intra-osseous, inj, ONE TIME Recommended maximum dose is 1000 mg.</p>

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

