

Conference abstract

Improving Pediatric Status Epilepticus Management in the Emergency Department

Adam Seidel, MD^{1a}, Patricia Paz-Arabo, MD¹

¹ Emergency Medicine, Trinity Health Livonia Hospital

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INTRODUCTION

Pediatric Status Epilepticus presents infrequently but critically to the Adult Emergency Room. We seek to implement current recommendations in pediatric epilepsy care and reduce the time of arrival to the first non-benzodiazapine anticonvulsant based on guidelines by the American Epilepsy Society.

METHODS

We created an educational plan for residents, physicians, staff on July 1st 2024, with placement of a large reference poster in our pediatric trauma bay with encouragement of administration of a non-benzodiazapine such as Levetiracetam or Fosphenytoin to any unresponsive patient under age 18 with either a seizure > 5 minutes and/or 2 or more seizures without full recovery of consciousness. We then performed retroactive chart review comparing data

from (July 1st 2023 to June 31st 2024) vs (July 1st 2024 onward) noting the patient's time of arrival to the ED and the total time to administration of the first nonbenzodiazapine anticonvulsant.

RESULTS

Comparing data from pre and post-intervention, we noted a substantial improvement in our mean (1hr42min->61min) and median (58min->45min) administration times for the (July 1st 2023 to June 31st 2024) vs (July 1st 2024 onward) groups, respectively.

CONCLUSIONS

Ongoing education via email and in-department resources improves management of the infrequent presentation of Pediatric Status Epilepticus where door to medication time is known to improve outcomes.



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