

Status Epilepticus Facilitator Script

1. Announce the Dispatch:

EMS is bringing in a 10 m.o girl, with active generalized tonic-clonic seizure that started about 20 minutes ago. Mom gave one dose of rectal diastat (5mg) at home. Seizure stopped for a minute and then continued again, after which mom called 911. They will be here in 1 minute.

- 2. After 1 minute, remove the sheet covering the mannequin and state “PATIENT HAS ARRIVED, BEGIN SIMULATION”**
- 3. If asked about patient history, direct the participants to the parent.**
- 4. Vital signs should be displayed after they place the patient on the monitor. Initial vitals: Temp 36.7 (98 F), HR:190, RR 35, SpO2: 90 %, BP 92/45.**
- 5. Give the following information according to their actual physical examination. If they ask “how is the child’s abdomen?” instruct them to palpate the abdomen and then give them the information.**

General: Patient is not responding. Has good respiratory effort. Actively seizing

HEENT: PERRL, eyes rolled back, TM's normal

RESP: patient has shallow breathing, not in distress, good air entry, clear to auscultation

CV: Sinus tachycardia, NS1S2, Capillary refill 3 sec

ABD: Abdomen is soft, + bowel sounds, no HSM

EXT: warm, no signs of trauma, no rashes

Neuro: patient in GTC seizure on and off. No purposeful response to painful stimuli

If certain labs are ordered, give the print-outs to them after about 2 minutes.

BMP: Na 135, K 4.2, Cl: 105, Bicarb 19, BUN 25, Cr: 0.7, Gluc 90

POC: Na 135, K 4.2, Bicarb 19, Gluc 90

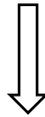
ABG: pH7.30/ PCO2 50/ PaO2 65/biacrb 19/ Base deficit -3. VBG: 7.25/55/35/19/-3

***** Refer to “Status Epilepticus Case Progression” for detailed progression of symptoms and vitals according to management.**

Status Epilepticus Case Progression

Facilitator's Guide

<p>Initial Presentation</p> <p>Temp 37 (98.6 F), HR:190, RR 35, BP 92/45, SpO2: 90%,</p> <p><u>Significant Symptoms:</u></p> <ol style="list-style-type: none"> 1. Actively seizing – GTC 2. Unresponsive to painful stimuli



Managements and Progression of Seizure:

ONE correct dose of benzodiazepine administered	<p style="text-align: center;">No change</p> <p>Temp 37 (98.6 F), HR:190, RR 35, BP 92/45, SpO2: 90%,</p>
<p>If administered:</p> <ul style="list-style-type: none"> - SECOND dose of benzodiazepine (remember, one was given at home) - ANY Phenobarbital - ANY Propofol 	<p style="text-align: center;">Becomes bradypneic and desaturated</p> <p>Temp 37 (98.6 F), HR:190, RR 12, BP 92/45, SpO2: 85%,</p>
Non-benzodiazepine, non-sedating antiepileptic agent administered in correct dose (keppra, phenytoin, fosphenytoin)	<p style="text-align: center;">Patient stops seizing</p> <p>In 1 minute, the vitals become: Temp 37 (98.6 F), HR:140, RR 25, BP 92/50, SpO2: 98%,</p>

Managements and Progression of Hypoxia:

No management	SpO2 85% (desaturates over 10 minutes)
BVM	SpO2 90-92%
BVM + chin lift/jaw thrust	SpO2 95%
Intubation	SpO2 98%

Status Epilepticus Parent Script

Instructions:

Throughout case make sure to ask for updates **every 1-2 minutes** if not provided by team. Expect people to inform you of what is going on, you can ask for updates.
You will be confused and frustrated.

1. Upon arrival, state:

“Bailey has been having seizures since birth. We have been on medication since then; I give her 50 mg Topamax daily and diastat (5mg) if she has a seizure. I did the same this time, but she re-started the seizure again. And then I called 911”

2. If asked, give this information:

Signs/symptoms: Shaking upper and lower extremities for the past 20 minutes.

Allergies: None

Meds: Topamax daily (50mg)

Past medical history: She was born prematurely, at 28 weeks. She was immediately put in NICU and stayed there for a few weeks. She had seizures since then and we have been seeing our doctor regularly. He prescribed Topomax daily and diastat as needed. I vaccinate her per her pediatrician’s recommendations. She is my only child.

Last meal: breastmilk and breakfast cereal this morning

Events proceeding: Nothing unusual. She hasn’t been sick.

Frequency of seizures: usually once a week, sometimes more, sometimes less. It usually goes away with one does of diastat (5mg).

***** Note everything else that they may ask is normal or you don’t know.**

3. If after 5 minutes the seizure still hasn’t stopped, ask with frustration:

“why is she still seizing, please give her appropriate medication! Will this cause permanent brain damage? Please do something!”

4. When they give her oxygen, ask:

“Why is that needed, does she have trouble breathing?”

5. If they start talking about intubation or bring intubation equipment, ask:

“Why does she need to be intubated? I don’t understand? Won’t that hurt her?”

6. If after 10 minutes the seizure still hasn’t stopped, ask:

“What is happening? Why is she still seizing? Can’t we move her to a better hospital? This cannot be good for her brain!”