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MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Status Epilepticus

Patient education guide · Epilepsy & Seizures · Madison Neurology LLC

What is it?

Status epilepticus is a seizure lasting more than 5 minutes, or repeated seizures without regaining consciousness between them. It is a neurological emergency: the longer a seizure continues, the harder it is to stop and the greater the risk of brain injury. Any convulsion lasting 5 minutes is a 911 call.

How does it happen?

In people with known epilepsy, the most common trigger is missed or abruptly stopped medication. In others, status can be the first sign of a new brain problem: stroke, meningitis or encephalitis, drug or alcohol withdrawal, severe metabolic disturbance, or autoimmune encephalitis.

Common symptoms

- A convulsion continuing beyond 5 minutes
- Repeated seizures without waking in between
- Prolonged unresponsiveness with subtle twitching (nonconvulsive status)
- Afterward: deep sleepiness, confusion, or weakness
- Fever or signs of infection if an infection is the trigger

How is it diagnosed?

Status is diagnosed clinically in the emergency setting. Once controlled, EEG monitoring detects ongoing subtle seizures, and urgent testing (CT/MRI, blood work, lumbar puncture when indicated) searches for the cause.

How is it treated?

Emergency treatment follows a timed protocol: benzodiazepines (such as lorazepam or intramuscular midazolam) immediately, followed by a second anti-seizure medication (levetiracetam, fosphenytoin, or

valproate). Refractory cases are treated with anesthetic infusions in the ICU while the underlying cause is addressed. Rescue medications (nasal or buccal benzodiazepines) are prescribed to at-risk patients for home use.

What does the future hold?

Most status stops with timely treatment, and outcome depends heavily on the cause — missed medication carries a better outlook than a severe brain infection. Mortality overall is significant, which is why it is treated so aggressively. Afterward, medication regimens are reinforced and a rescue plan is put in place.

Questions patients commonly ask

Q: What should my family do if a seizure lasts 5 minutes?

A: Give the prescribed rescue medication if you have one and call 911 — do not wait to see if it stops, do not put anything in the mouth, and time the seizure.

Q: Why do I need a rescue medication if I take daily pills?

A: Rescue medicines are a safety net for breakthrough prolonged seizures; having one at home can prevent an emergency from escalating.

Q: Does one episode mean my epilepsy is worsening?

A: Not necessarily — most episodes have a clear trigger (like missed doses) and control returns once it is corrected.

National support groups & resources

- **Epilepsy Foundation (24/7 Helpline)** — epilepsy.com — 1-800-332-1000
- **American Epilepsy Society** — aesnet.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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