



***The Management of ED Seizure and Status Epilepticus Patients:
The Role of 1st and 2nd Generation Anti-epileptic Drugs in 2007***

**ED Seizure and SE Patient Management:
A Neurologist's Perspective on Rx Objectives & AED Use**

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Learning Objectives

- Identify the priorities in treating ED seizure and SE patients with AEDs from the perspective of the consulting neurologist and/or epileptologist.
- Determine how emergency physicians can enhance their use of these therapies in their local Emergency Departments so as to enhance seizure and SE patient outcome.

Background

In general, emergency physicians are very effective at treating patients who present with seizures, including those in status epilepticus. The priorities of treating the acute seizure and delivering AEDs in order to minimize complications and prevent SE are easily achieved despite the lack of clear protocols in most institutions. What is less clear is whether or not our treatment decisions and AED choices are consistent with the priorities and choices of the subsequent treating neurology consultants when treating these seizure patients following ED disposition.

Two noteworthy clinical considerations are whether or not the emergency physician has determined the circumstances sufficiently well so that diagnoses such as partial onset seizures or juvenile myoclonic epilepsy can be made, and whether or not the best long-term AED has been chosen based on the clinical setting. This is especially important given that most often neurologists who subsequently care for the seizure patients will not change the AED chosen in the ED unless there is a compelling reason to do so, even if the initially chosen AED may not necessarily be the optimal therapy for the given clinical situation and the information obtained following ED disposition. Can emergency physicians do a better job of determining the seizure type and choosing AEDs?

Key Clinical Questions

- What are the priorities of the neurologist or epileptologist who treats the seizure and epilepsy patients who are treated in follow-up after hospital admission or ED discharge?
- How can the neurologists' priorities be optimally met as emergency physicians diagnose, treat, and document the care of ED seizure and epilepsy patients?