



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

**1st and 2nd Generation AED Use in the ED:
Optimal 2007 Strategies**

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Learning Objectives

- Establish the optimal approach to the use of first and second-generation AEDs in the treatment of ED seizure and SE patients based on priorities and options.
- 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

Emergency physicians must be able to quickly and effectively deliver anti-epileptic drug (AED) therapy to ED patients who present with recurrent seizures or in status epilepticus. Despite the fact that there are many available therapies, including the 2nd generation AEDs, and many guidelines that direct optimal patient care, very few Emergency Departments have protocols that govern AED use so as to minimize seizure duration, avoid complications, and maximize patient outcomes.

Upon leaving this symposium, it is important that the emergency physicians in attendance understand what AEDs are effective in successfully treating seizure and SE patients based on the clinical setting and how these drugs should be made available in the Emergency Department in order to facilitate their use. This presentation will integrate the published clinical guidelines, the perspectives of the consulting neurologists, and the information on 2nd generation AEDs into a series of simple recommendations that can be effectively implemented for useful AED use in the acute setting.

Key Clinical Questions

- Which ED seizure and SE patient types might be optimally treated through the use of various first or second-generation AED based on the stated priorities and options?
- What recommendations can be made regarding the ED use of 1st and 2nd generation AEDs in 2007 so as to improve seizure and SE patient outcome?