Effectiveness of Ketamine for Prehospital Termination of Benzodiazepine-Resistant Status Epilepticus Convulsions



Kenneth A. Scheppke, мр¹, Paul E. Pepe, мр, мрн¹, Tony Zitek, мр³, Sebastian A. Garay, емт-р¹, Remle P. Crowe, Рhр, мкемт-р³, Charles W. Coyle, емт-р¹, Peter M. Antevy, мр¹, Michael C. Perlmutter, мр, мкр⁴

¹Palm Beach County Fire Rescue, West Palm Beach, FL, ³Mount Sinai Medical Center, Miami, FL; ⁴ESO National Science Office, Austin, TX; Hennepin County Medical Center, Minneapolis, MN

Seizure

and

Status Epilepticus





Seizure Myths

- ▶ No one swallows their tongue
- Don't put anything in their mouth
- Restraining the patient is not needed

Clinical Pearl: Lateral Tongue Biting

▶ Occurs in 30% of Seizures Highly Specific for Seizure_if LATERAL Tongue Bite

(Tip of tongue bite may occur in seizure or syncope)



Treatment of Seizure

- Most Seizures resolve on their own in under 5 minutes
- ABC's
- O2 if needed
- Check Glucose and treat if needed
- Time the seizure duration
- BENZODIAZEPINE!!!!





BUT....

Some Status cases are Refractory to Benzodiazepines

▶ Lifetime Risk of Status Epilepticus 15%

▶ Death rate 33% in adults

► EMS carries limited medication armamentarium

Status Epilepticus

▶ How do Benzos and Most Seizure Medications Stop Seizures?

Midazolam GABA

► Lorazepam: GABA

▶ Diazepam: GABA

▶ Phenobarbital: GABA

► Valproic Acid: GABA

► Thiopental: GABA

► What can we do if Benzo's Fail??

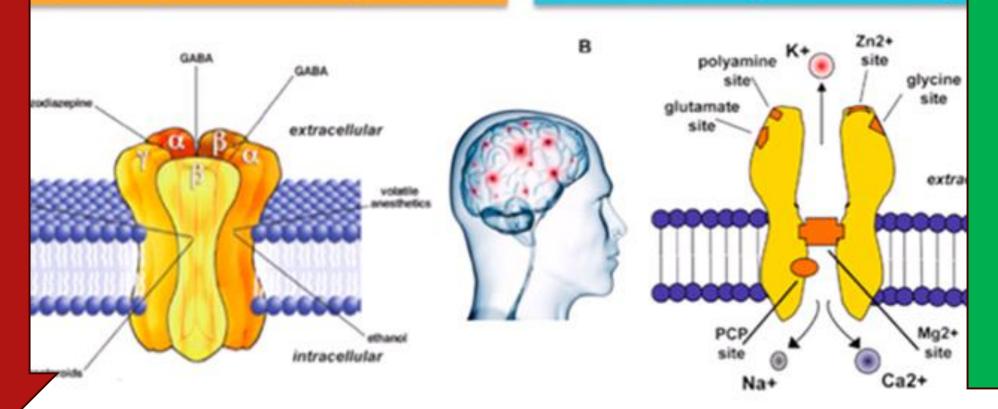


Basic Science Mechanism of Action in Status Epilepticus

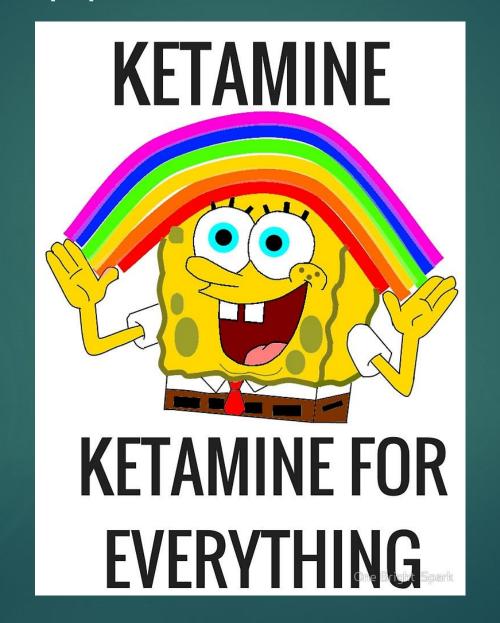
As Seizure Progresses

GABA_A Receptors (inhibiting brain cell firing) NMDA Receptors (causing brain cell firing)

llular



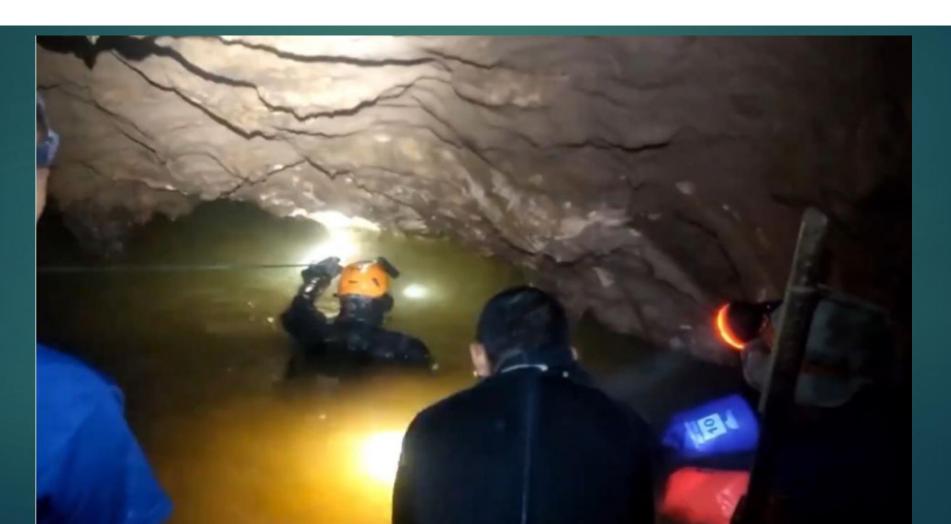
Scheppke's Personal Bias



Boys rescued from Thai cave were sedated with ketamine



By <u>Katie Hunt</u>, CNN Updated 2:48 PM EDT, Thu April 4, 2019



EMS Already Carries Ketamine

- Sedative (Dissociative Anesthesia)
- Pain Relief
- Amnesia
- Bronchodilator
- Anti Seizure





Ketamine Status Epilepticus Protocol

- Adults: 100mg of KETAMINE in a 50mL bag of Normal Saline
- Administer IV/IO utilizing a 60 gtt set, run wide open

Children: 2mg/kg IN/IM. Max single dose 100mg

So How Did We Do???

Adults:

Age range: 18 to 86

57 Uses per Protocol,

plus

8 Uses ketamine alone (without prior EMS delivered Benzo)

Results:

100% Termination of Convulsions



So How Did We Do???

Children:

Age range: 1 to 17 16 Uses per Protocol

Results:

82% Termination of Convulsions 3 Failures: 2 IN Admin, 1 Anoxic Posturing



Untoward Effects: Hypoxia

- There Were No Concerning Ketamine-Attributable Effects on Blood Pressure, O₂ saturations or ETCO₂ (for both adults and children)
- Pre-Ketamine De-Sat & ETCO₂ Resolved after Convulsions Ceased



Conclusion

- Status Epilepticus: time sensitive life-threatening condition
- Benzodiazepines are first line therapy
- Ketamine is highly effective (96% overall) at terminating Benzodiazepine Refractory Status Epilepticus in the prehospital arena
- Cases of Hypoxia and Hypercarbia are more likely to occur PRIOR to ketamine and actually improve after ketamine
- ► IM may be the preferred route vs IN when IV/IO access not available

Thank You!!

