



Epilepsy

Last Updated: September 27, 2018

ENGEL Classification

Epilepsy surgery outcome categorization

Class I	Free of disabling seizures <ul style="list-style-type: none">A. Completely seizure free since surgeryB. Non-disabling simple partial seizures only since surgeryC. Some disabling seizures after surgery for at least 2 yearsD. Generalized convulsions w/ AED discontinuation only
Class II	Rare Disabling Seizures (almost seizure free) <ul style="list-style-type: none">A. Initially free from disabling seizures, still with rare seizuresB. Rare disabling seizures since surgeryC. Occasional disabling seizures since surgery, but rare seizures for the last 2 yearsD. Nocturnal seizures only
Class III	Worthwhile improvement <ul style="list-style-type: none">A. Worthwhile reduction in seizure frequencyB. Prolonged seizure-free intervals amounting to greater than 50% of follow-up period, but not less than 2 years
Class IV	No Worthwhile Improvement <ul style="list-style-type: none">A. Significant seizure reductionB. No appreciable changeC. Seizures worse

Initial Steps for Status Epilepticus Therapy (Adult)

AED Step	Description
1 st Line	Lorazepam 0.1mg/kg IV @ <2mg/min
2 nd Line	<p><i>Give either simultaneously with above or 1 minute after lorazepam infusion completes:</i></p> <ol style="list-style-type: none"> 1. phenytoin 20mg/kg IV @ <50mg/min 2. fosphenytoin 20mg/kg IV @ <150mg/min
3 rd Line	<p>7% chance of success at stopping seizure:</p> <ol style="list-style-type: none"> 1. phenobarbital <20mg/kg IV @ <100mg/min 2. valproate 15-30mg/kg IV @ <6mg/kg/min 3. levetiracetam 20mg/kg IV in 15min
Consider: skip 3 rd line → intubate → start midazolam, pentobarbital or propofol	

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to be Reviewed
by the Atlas Team





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