



Management

Last Updated: September 27, 2018

Equivalent Corticosteroid Doses

Quick reference guide for corticosteroid comparison

Generic Steroid	Equivalent dose (mg)	Anti-inflammatory Potency	Mineralocorticoid potency	Oral dosing forms (tablet in mg)	Duration of Action (hours)
Cortisone	25	0.8	0.8	tab: 25	8-12
Hydrocortisone	20	1	1	tab: 5, 10, 20	8-12
Prednisone	5	4	0.8	tab: 1, 2.5, 5, 10, 20, 50	12-36
Prednisolone	5	4	0.8	tab: 10, 15, 30	12-36
Methylprednisolone	4	5	0.5	tab: 4, 8, 16, 32	12-36
Dexamethasone	0.75	30	0	tab: 0.5, 0.75, 1, 1.5, 2, 4, 6	36-54
Betamethasone	0.6	30	0	solution: 0.6mg/5ml (118mL)	36-54
Fludrocortisone	-	15	150	tab: 0.1mg	24-48

- Potencies are reported relative to hydrocortisone
- Steroid doses are listed for equivalent glucocorticoid PO / IV doses (IM may differ)

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	

Management of Acute Increase in Intracranial Pressure

Step	Description
1	Check airway
2	Elevate head of the bed to 30°
3	<p>Osmotic therapy with mannitol 1gm/kg IV or 10-20ml of 23.4% saline</p> <ul style="list-style-type: none"> • Skip if hypotensive, volume depleted, serum osmolality >320mOsm/L
4	If resistant / sudden IC-HTN is present → STAT non-contrast head CT

5	Drain 3-5ml of CSF if intraventricular catheter is present
6	Ensure patient is sedated and paralyzed
7	Hyperventilation with bag valve mask (to PaCO ₂ 30-35mmHg)
8	Induced coma with pentobarbital 100mg IV or thiopental 2.5mg/kg IV

Stroke Management Timeline

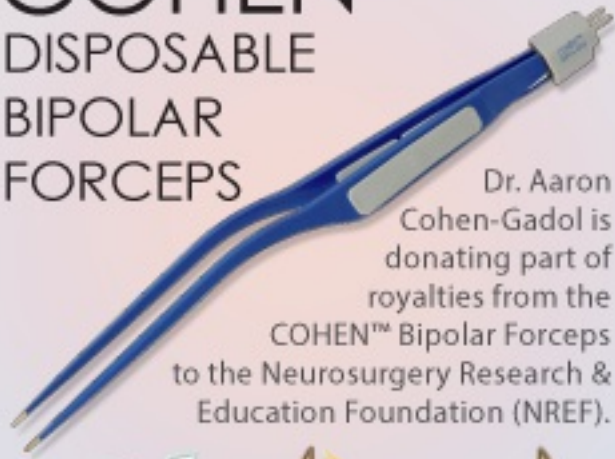
Time (Hours from symptom onset)	IV tPA	IA tPA (Consider after IV tPA failure)	Mechanical Embolectomy (Consider after IV tPA failure)	
1	✓	✓		✓
2	✓	✓		✓
3	✓	✓		✓
4	✓	✓		✓
5	Up to 4.5hr	✓		✓
6	-	✓	✓	Verify perfusion prior to procedure
7	-	-	✓	
8	-	-	✓	
>9	-	-		-

Submit Your Complex Case

to be Reviewed
by the Atlas Team



COHEN™ DISPOSABLE BIPOLAR FORCEPS



Dr. Aaron
Cohen-Gadol is
donating part of
royalties from the
COHEN™ Bipolar Forceps
to the Neurosurgery Research &
Education Foundation (NREF).

