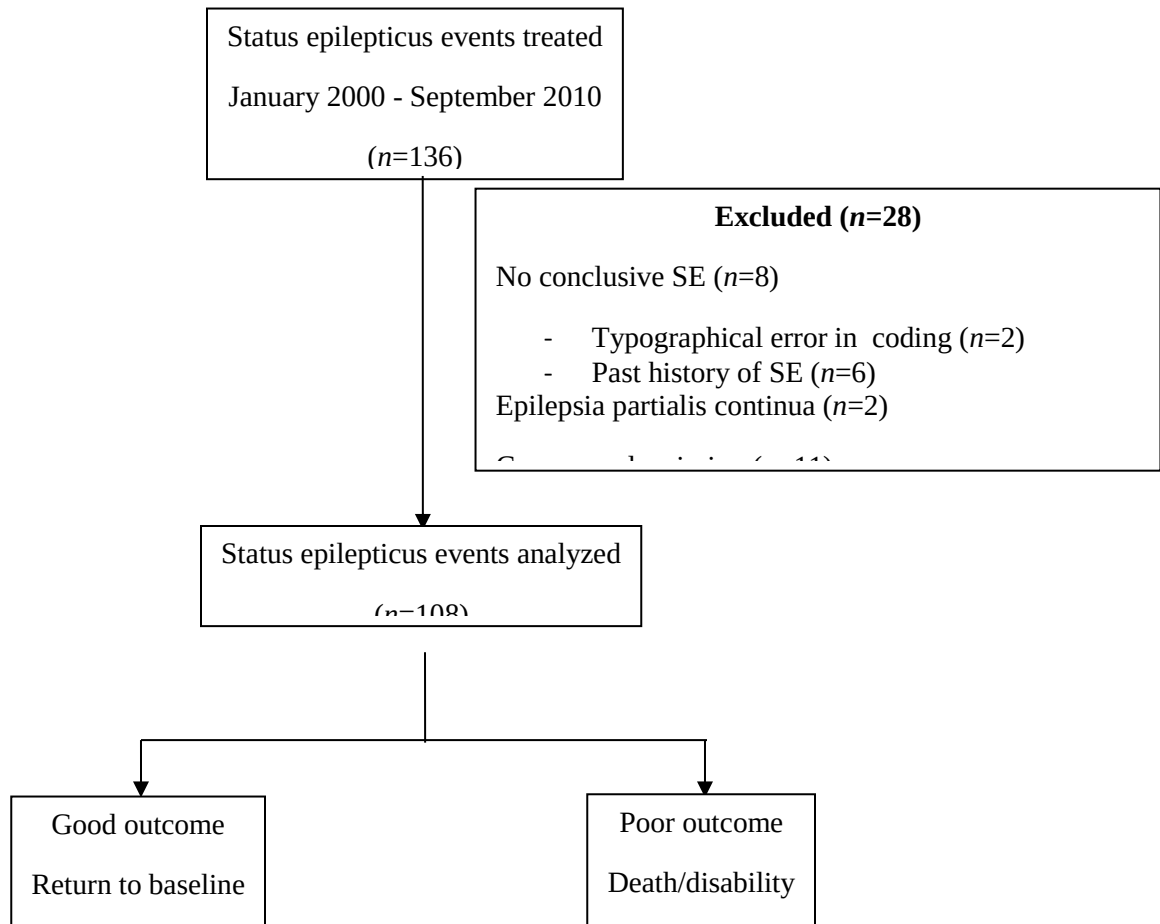


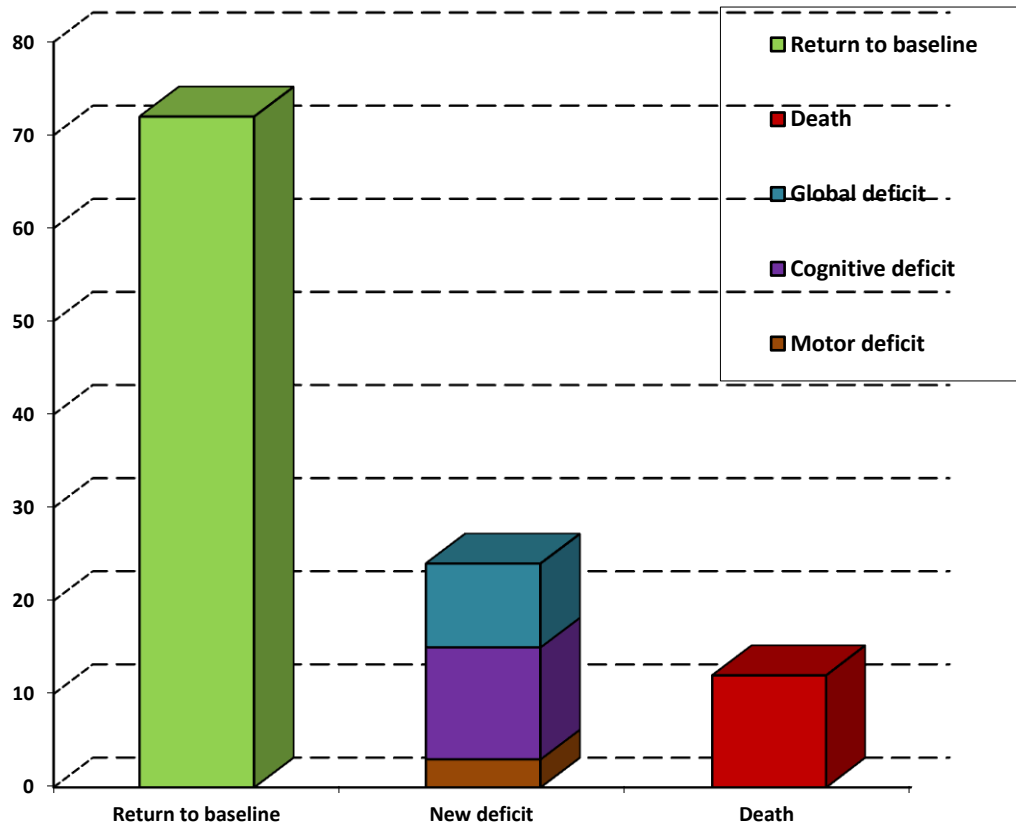
Supplementary Figure I.

Outline of the study.



Supplementary Figure II

Final outcome of patients with status epilepticus ($n=108$) at the end of one year.



Supplementary Figure III

Management of status epilepticus: Institute's protocol.

Step I: 0-5 minutes from recognition

- Administer 0.1 mg/kg (maximum 4 mg) bolus dose of IV lorazepam ~2 mg/min.



Step II: 5-30 minutes

- Begin phenytoin infusion at 25 mg/min or fosphenytoin infusion at 75 mg/min 5-30 min.
- Titrate phenytoin/fosphenytoin infusion rate up to maximum tolerated rate. (~50 mg/min for phenytoin and ~150 mg/min for fosphenytoin) according to BP



Step III: 30-60 minutes

Use additional 2nd-line IV agent (particularly if patient is not intubated/ventilated).

- Administer 20 mg/kg bolus of IV phenobarbital at rate of 75 mg/min.
- Administer 15-30 mg/kg bolus of sodium valproate at rate of up to 6 mg/kg/min.
- Administer 20 mg/kg bolus of levetiracetam over 15 minutes.



Step IV: >60 minutes onwards

If electrographic seizure activity persists after additional 2nd-line agent, initiate infusion therapy (intubate and ventilate if not yet put on ventilation).

Midazolam infusion:

Loading : 0.2 mg/kg by slow IV bolus
Maintenance cIV dose: 0.1-0.4 mg/kg/h

