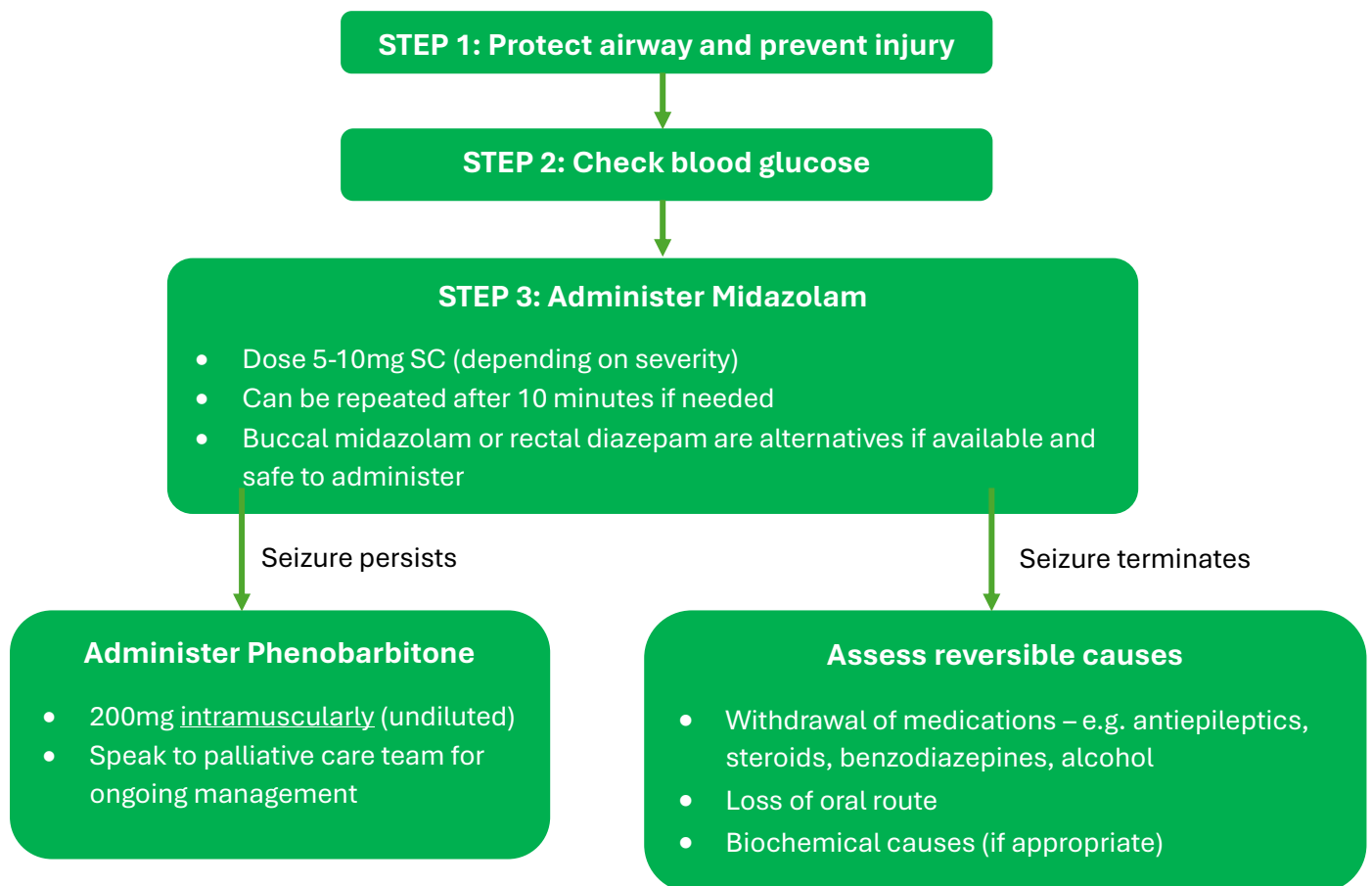


FACTSHEET: SEIZURES IN PALLIATIVE CARE

This guidance is for management of seizures in palliative care patients

ACUTE SEIZURE MANAGEMENT

For those patients for whom escalation of care to hospital is not appropriate or indicated



ONGOING MANAGEMENT

Managing oral medications

- Restart any existing antiepileptic drugs (AEDs) but review dose
- If not already established on AEDs – start levetiracetam 250mg OD and titrate as per BNF
- If the patient is taking steroids for raised intracranial pressure, consider dose increase
- Review other medications and check interactions/concordance

Not managing oral medications

- If not in terminal phase:
 - Levetiracetam 500-1000mg via syringe driver (or 1:1 conversion of previous oral dose)
- If in terminal phase, or likely to benefit from benzodiazepines for other symptoms
 - Midazolam 20-30mg via syringe driver
- Review whether alternative route required for other medications e.g. steroids, analgesia

Consider ongoing place of care and plan for further seizure management including anticipatory drugs

ANTIEPILEPTIC DRUGS (AEDS) IN PALLIATIVE CARE

(Please see the BNF for all contraindications and cautions)

LEVETIRACETAM

First line antiepileptic drug for palliative care patients due to low risk of interactions and side effects. Is not usually sedative.

Oral dose:

- 250mg once daily, increased to 250mg BD after 7-14 days if necessary
- For ongoing titration please see BNF

If administered via syringe driver:

- Levetiracetam (100mg/ml) can be used off license subcutaneously via syringe driver to achieve seizure control in palliative care patients when the oral route is not appropriate
- Can be mixed with water for injection or 0.9% saline
- Needs maximal dilution due to risk of site reactions
- Starting dose is 500-1000mg/24hrs, or direct conversion of oral levetiracetam dose (1:1 PO:SC)
- Maximum dose in a 30ml syringe is 2g. If higher doses are required please speak to the palliative care team
- Limited compatibility with other medications in syringe driver, usually administered alone

MIDAZOLAM

- First line PRN drug for acute seizures in palliative care
- Helpful for managing other symptoms towards the end of life e.g. anxiety, restlessness, pain, dyspnoea
- Seizure prevention starting dose is 20-30mg/24hrs via syringe driver
- Higher doses may be required to manage other symptoms or if seizures persist
- Can be combined with other medications in syringe driver (see available compatibility resources)
- Can be mixed with water for injection or 0.9% saline

PHENOBARBITONE (PHENOBARBITAL)

- Reserved for refractory seizures in palliative care patients who have failed to respond to 2 doses of midazolam 10 minutes apart and where the focus of care is supportive only (i.e. not for hospital escalation)
- Should be administered intramuscularly (IM) at a dose of 200mg (200mg/ml ampoules)
- There are case reports of soft tissue necrosis with SC bolus doses
- If phenobarbitone has been administered in the community, please speak to the palliative care team for advice regarding ongoing management (e.g. syringe driver)