Chapter 41: LEARNING OBJECTIVES

After reviewing this chapter, the reader should be able to:

1. Given a patient’s medical history and clinical presentation, differentiate a patient in generalized convulsive status epilepticus (GCSE) from one in nonconvulsive status epilepticus (NCSE).
2. Recommend common medical tests used in the evaluation and diagnosis of status epilepticus.
3. Contrast the classic International League Against Epilepsy definition of status epilepticus (SE) and the currently recognized time in which aggressive treatment is recommended.
4. Describe the etiologies and risk factors for GCSE and how they are associated with patient prognosis.
5. Describe the pathophysiology of GCSE and how it relates to responsiveness to treatment and patient outcome.
6. When given a specific case, be able to individualize a nonpharmacologic treatment plan for a patient with GCSE.
7. When given a specific case, be able to individualize a pharmacologic treatment plan for a patient with GCSE.
8. Contrast diazepam and lorazepam based on their pharmacodynamic properties (onset, duration of action) and be able to discuss their place in GCSE therapy.
9. Discuss the advantages and disadvantages of phenytoin and fosphenytoin, and be able to recommend their place in GCSE therapy.
10. Contrast the medications used for GCSE with respect to ease of use, side effects, and monitoring parameters.
11. Design an initial treatment algorithm (i.e., first 30 minutes) and monitoring plan (efficacy and safety) for a patient with GCSE.
12. Based on a patient’s medical history, identify a patient who is in refractory GCSE.
13. When presented with a patient who has refractory GCSE, be able to develop, recommend, and defend your medication strategy.
14. Describe clinical controversies and areas for further research in the management of SE.
15. Be able to discuss with the patient or the parents the association of GCSE and the development of epilepsy.