Abstract number: 4CPS-228





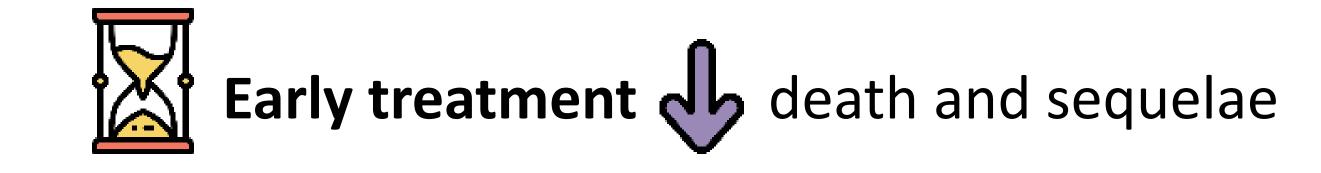
A. CASALDÀLIGA, A. FONT, C.J. MORENO, E. WILHELMI, <u>A. PIERAS</u>, M. VILLARONGA, F. BOSSACOMA, R. FARRÉ. HOSPITAL SANT JOAN DE DÉU, PHARMACY, BARCELONA, SPAIN.

# HIGH DOSE PHENOBARBITAL COMA IN PAEDIATRIC **REFRACTORY STATUS EPILEPTICUS**

## **Background and importance**

Status Epilepticus (SE) The morbimortality

When first-line drugs cannot solve SE



Midazolam ( 🕂 used)



therapeutic coma should be initiated with  $\prec$ 

Propofol / Thiobarbital Phenobarbital (PHB) ( therapeutic profile, low evidence especially in children)

### **Aim and objectives**

(HD-PHB) used in therapeutic coma in paediatric refractory SE and their side effects.

(TDM) Assess Therapeutic Drug Monitoring (TDM) to achieve Barbiturate Coma (BC).

## **Material and methods**

Observational retrospective study

Referral paediatric hospital 2012-2022

**51** paediatric intensive care unit patients who

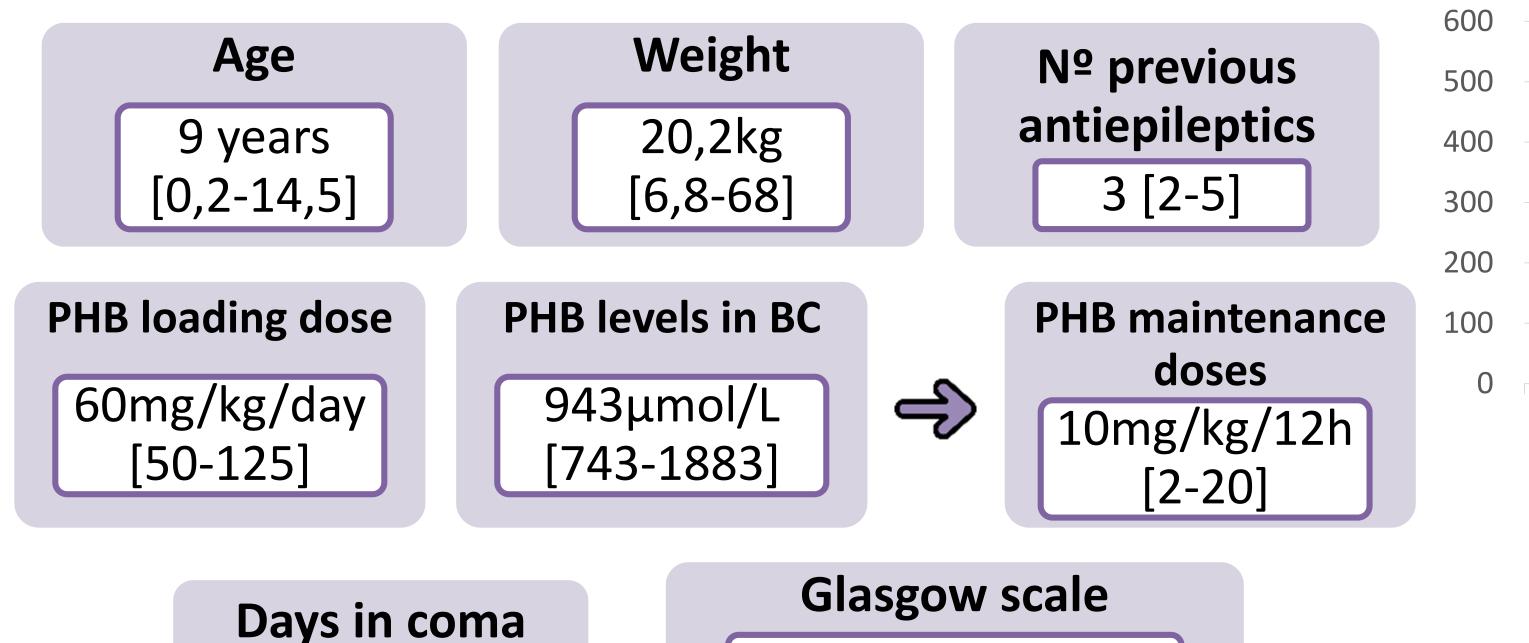
Variables collected:	L L
Age	PHB plasmatic levels during
Weight	coma
Nº of previous antiepileptics	BC days until resolution of SE

received intravenous (IV) PHB:

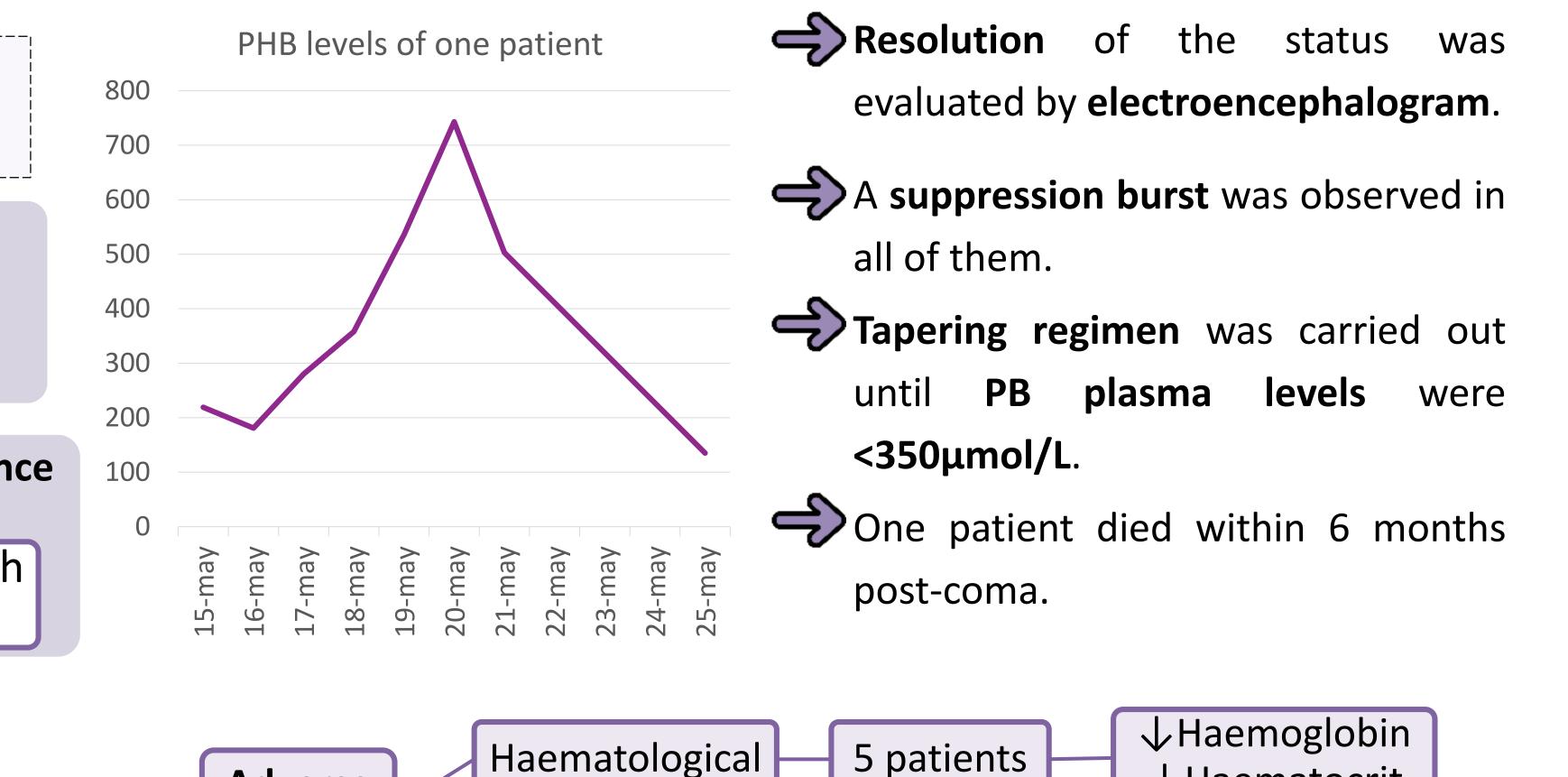


#### Results

6 patients with seizures refractory to propofol or midazolam received HD-PHB to achieve BC.

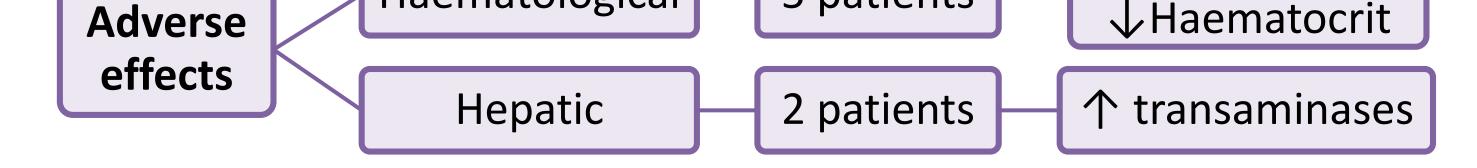


n – or previous undeplies		
Loading and maintenance	Adverse effects of HD-PHB	
doses of PHB	Outcome	









#### **Conclusion and relevance**

'HD-PHB seems to be an effective therapeutic procedure in paediatric refractory SE.

**TDM** is important to ensure the **maintenance of coma** and **avoid toxicity**.



More pharmacokinetic studies are needed to establish a population model and clear protocols for BC management.