

## Prednisolone Protocol

- Available commercially as 15mg/5mL= 3 mg/mL oral liquid. Follow up routine
- EEG at 2 weeks after starting prednisolone
- Always start ranitidine 4 mg/kg/day
- Note that enzyme-inducing AEDs will reduce prednisolone levels by ~50%

4-4.5 mg/kg/day divided tid

Caregiver to contact clinic by day 7 post prednisolone initiation to report seizure frequency + ADRs

Continued or ↑ seizures + No disabling ADRs

Increase to 6 mg/kg/day as TID x 7 days, then decrease as follows:  
4-4.5 mg/kg/day as TID x 7 days,  
3 mg/kg/day as BID x 7 days,  
then 1.5 mg/kg/day as QD x 7 days, then stop

hypsarrhythmia persists on EEG

ACTH protocol

Seizure free<sup>3</sup> + No disabling ADRs

3 mg/kg/day as BID x 7 days, then 1.5 mg/kg/day given QD x 7 days, then stop

EEG demonstrates no hypsarrhythmia

Routine f/u

## Routine monitoring facilitation

Consult pediatrician and include letter to pediatrician in addition to need to f/u labwork, urine glucose, and weekly BP

Initiate requisitions for urine glucose 1X/week, CBC+diff., lytes, glucose Mg, Ca, BUN, creatinine baseline and q2weeks

Provide family with letter for ER



<sup>1</sup> consider modified dosing in obesity  
<sup>3</sup> seizure-free despite provoking factors including sleep deprivation or illness  
 AED=antiseizure medication  
 ADRs=adverse drug reactions; form provided at initial visit  
 ↑=increased  
 f/u=follow up