

Web Table I Multisystem Complications of Refractory and Super-refractory Status Epilepticus

<i>Related to refractory/super-refractory status epilepticus</i>	<i>Related to drug treatment</i>	<i>Related to prolonged intensive care</i>
<i>Respiratory</i>		
Apnea		
<ul style="list-style-type: none"> Acute apnea after a prolonged seizure without antecedent abnormal breathing pattern should alert for a rapidly evolving posterior fossa lesion 	Respiratory depression	Pulmonary embolism Recurrent mucus plugs Pleural effusions
Abnormal breathing patterns		
<ul style="list-style-type: none"> May cause ineffective ventilation to the point of respiratory acidosis Cheyne Stokes breathing: waxing waning hyperpnoea, regularly alternating with shorter period of apnea; may be seen in large supra-tentorial lesion(s), deep seated cerebral or diencephalic lesions e.g. subdural hematomas, infarcts, or meningitis, and certain metabolic disturbances. Important to rule out co-existent pulmonary disease. Central neurogenic hyperventilation: suggests a lesion in lower mid-brain and/or upper pons; important to differentiate from hyperventilation due to medical reasons e.g. Kussmaul's breathing of metabolic acidosis. Apneustic breathing: usually seen with low pontine lesions e.g. basilar artery occlusion. Chaotic irregularly interrupted breathing rhythm: each breath varying in depth and rate, may suggest a lesion of dorso-medial part of medulla. 		Atelectasis Ventilator-associated pneumonia
Aspiration		
Airway compromise		
<ul style="list-style-type: none"> Secretions Hypotonia of tongue or oropharynx 		
Non-cardiogenic pulmonary edema		
<i>Hemodynamic</i>		
Cardiac arrhythmias	Hypotension	
Cardiac failure	Cardiac arrhythmias	
Shock	Cardiac failure	
Left ventricular stunning		
<i>Musculoskeletal</i>		
Myoglobinuria	Rhabdomyolysis	Contractures
<ul style="list-style-type: none"> May cause oliguria or acute tubular necrosis Consider urinary alkalization if myoglobinuria is detected or serum creatine kinase is >10 times upper limit of normal 		
Hyperkalemia		
Joint dislocations: particularly posterior dislocation of shoulder joint		
Fractures: long bones, vertebral compression fractures		
Tongue bites		
<i>Electrolyte abnormalities</i>		
Hypoglycemia	Lactic acidosis	
Hyponatremia	Hyperosmolality	
Metabolic acidosis	Metabolic acidosis	
	Hyperkalemia	
	Diabetes insipidus	
Acute neurological		
Cerebral edema	Sedation	Critical illness myopathy
Central hyperthermia	Dependence/withdrawal	Critical illness neuropathy
		Pseudomembranous colitis
<i>Gastrointestinal</i>		
	Paralytic ileus	
	Hyperammonemia	
<i>Others</i>		
	Increased risk of infection	Sepsis
	Platelet function abnormalities, anemia	Catheter-associated infections
	Stevens-Johnson syndrome/toxic epidermal necrolysis	Skin breakdown
	Hyperlipidemia	