GLOBAL AUDIT OF TREATMENT OF REFRACTORY AND SUPER-REFRACTORY STATUS EPILEPTICUS

Main Purpose:
To collect information about the range of physicians' treatment preferences used in the refractory/super-refractory stage of status epilepticus around the world, as well as some information about their outcome.

The information will be stratified according to the cause, duration and type of status epilepticus.

Information will be collected via a multicentre case audit prospectively obtained by 'active email surveillance'. This is considered the best option, in the recognition that randomized data is not possible to collect and that individual units will see cases too infrequently to obtain meaningful information about this patient population.

Case definition:
Refractory status epilepticus is status epilepticus requiring general anaesthesia in an ITU setting for up to 24 hours. Super-refractory status epilepticus is status epilepticus requiring general anaesthesia in an ITU setting for more than 24 hours

Target number of cases:
The aim will be to collect 1000 cases.

Method of data collection:
(a) Reporting individuals: Doctors who are responsible for the care of patients with status epilepticus. These doctors will be recruited by widespread advertisement through the intensivist, neurological, epileptological and anaesthetic societies and networks. The reporting doctors will be based in Europe, Asia or North America.

(b) Active surveillance: Every month, each collaborator will be sent a standard email, asking if a case has been seen in the previous month. The doctor will be asked to click on a button marked 'Yes' or 'No'. If the answer is 'Yes' an online proforma will appear which can be completed in less than 5 minutes from any computer. It is designed so that the patient's records do not need to be accessed. If the answer is 'No' a 'Thank you message will appear.''

Confidentiality:
No identifiers will be requested. As this is an audit of physician practice ethics approval is not usually required. Patient consent is not required as these are questions about the treating physician's preferences and judgment.

Data analysis:
This is performed in an anonymised fashion and information is entered from the physician's memory:
- Demographic data (%, stratified by status type)
- Details of status (% stratified by demographics)
- Range of treatments (stratified by duration/status type/demographics)
- Combinations of treatments (stratified by duration/status type/demographics)
- Time of treatments (%, stratified by status type)
- Outcome of treatments (stratified by duration/status type/demographics)