**TABLE: Demographics of patients receiving continuous ketamine infusion for RSE**

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| --- | --- | --- | --- | --- | --- |
| Patient | Age | Underlying Etiology | Anti-Seizure Medications Prior to Ketamine | Concomitant Anti-Seizure Medications with Ketamine | Outcome |
| 1 | 29 days(Corrected to 40 weeks) | Abusive head trauma | * Lorazepam
* Phenobarbital
* Fosphenytoin
* Midazolam
* Levetiracetam
* Pentobarbital
* Lacosamide
* Topiramate
 | * Levetiracetam
* Lacosamide
* Phenobarbital
* Fosphenytoin
* Topiramate
 | Successful discontinuation of vasopressors, resolution of seizures on EEG, and subsequent tapering of maintenance anti-seizure medications prior to discharge |
| 2a | 52 days(Corrected to 40 weeks) | Ischemic stroke secondary to vein of Galen malformation | * Lorazepam
* Phenobarbital
* Fosphenytoin
* Levetiracetam
* Midazolam
 | * Fosphenytoin
* Midazolam
* Levetiracetam
 | Resolution of seizures and continuation of maintenance therapy with levetiracetam and topiramate |
| 2b | 79 days  | Ischemic stroke secondary to vein of Galen malformation  | * Midazolam
* Fosphenytoin
* Topiramate
* Levetiracetam
* Phenobarbital
 | * Midazolam
* Phenobarbital
* Fosphenytoin
* Lacosamide
* Clobazam
* Topiramate
 | Resolution of seizures and modification of maintenance therapy to phenobarbital, topiramate, and clobazam |
| 3 | 60 days | Neurologic injury secondary to cardiac arrest | * Lorazepam
* Levetiracetam
* Fosphenytoin
* Phenobarbital
* Midazolam
* Pentobarbital
 | * Levetiracetam
* Fosphenytoin
 | Withdrawal of life sustaining therapy and death |

2a = first admission; 2b = second admission