**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