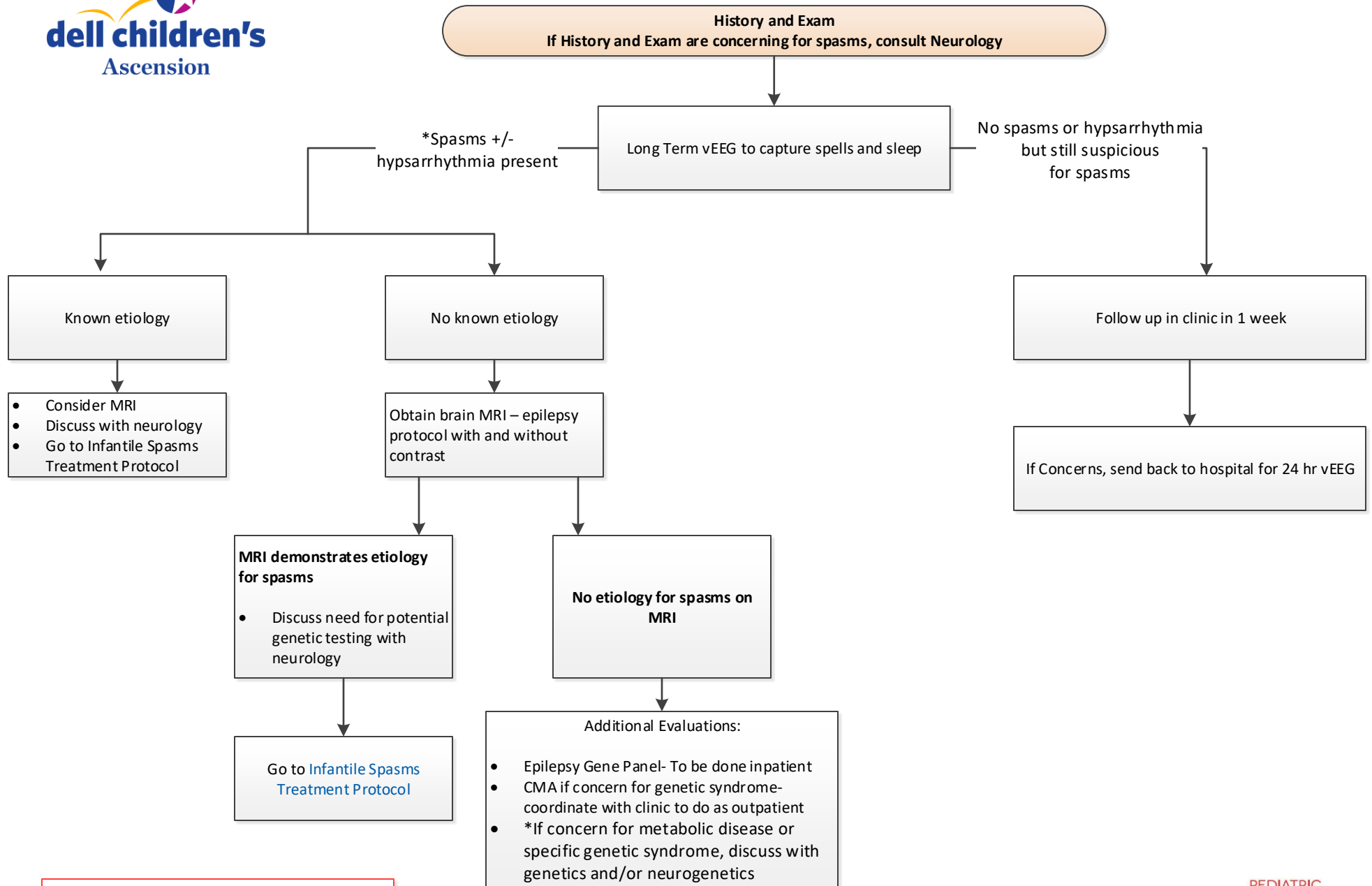


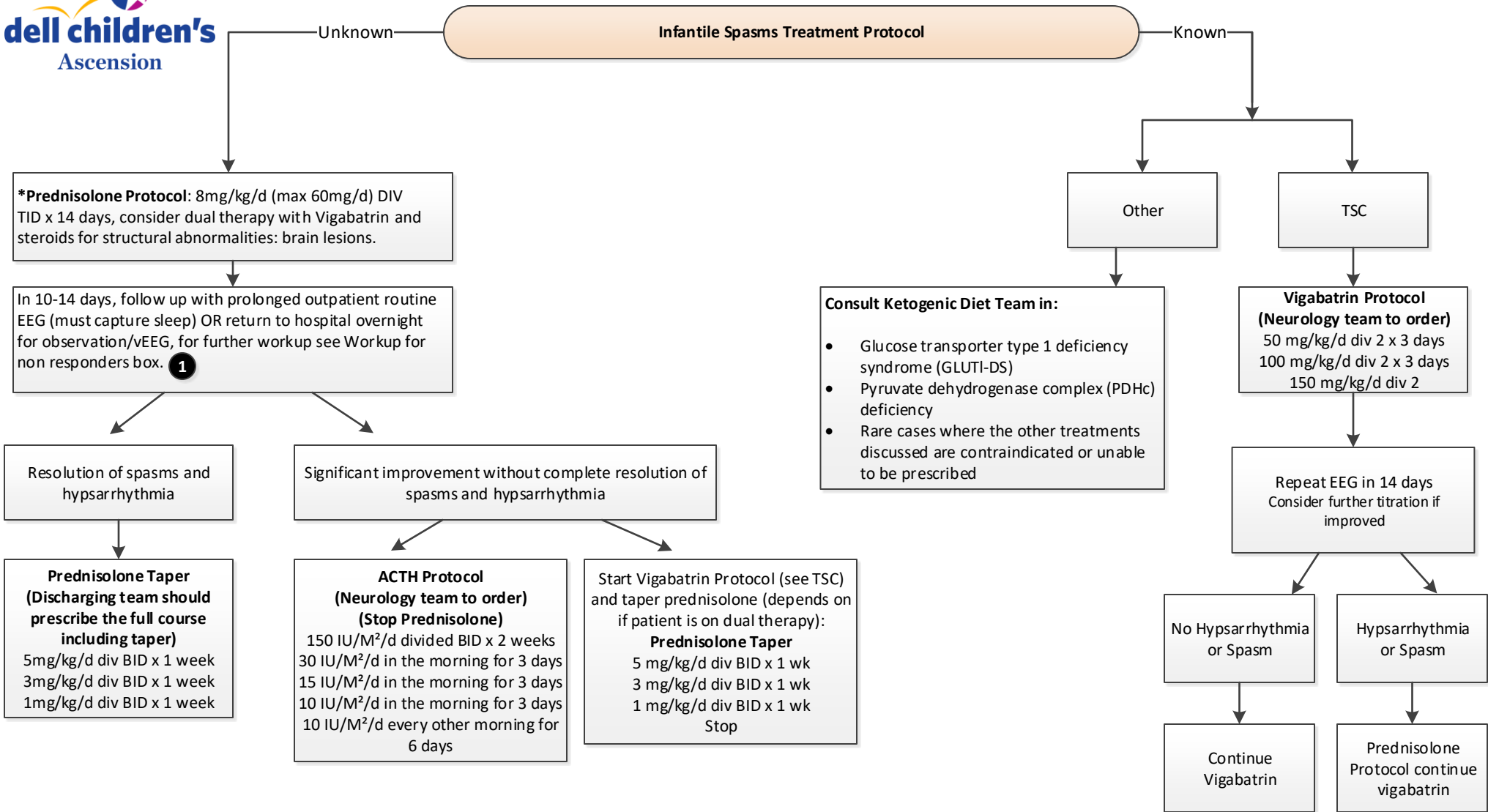
Infantile Spasms Protocol



*All confirmed infantile spasms patients:

1. Baseline CBC, CMP
2. Consult dietician for nutritional assessment
3. Consult SLP for swallow evaluation

Infantile Spasms Treatment Protocol



*Alert related to hormone therapy

1. If starting hormone therapy please send patient home with a letter about their immunocompromised status to give to PCP
2. Monitor blood pressure with PCP once after one week of treatment and in neurology clinic at follow up
3. Start GI prophylaxis -Famotidine 0.5 mg/kg/dose twice daily OR Omeprazole 1 mg/kg daily OR Lansoprazole 15 mg once daily (if <30 kg)

Workup for non-responders

Labs: Blood: CBC, CMP, CK, Lactate/Pyruvate, amino acids, homocysteine, AASA, pipercolic acid, uric acid, creatine/guanidinoacetate, males: copper/ceruloplasmin
Check NBS screen (if unavailable resend)
Epilepsy Gene Panel: Can be done inpatient if not done already
Urine: organic acids, AASA, creatine/guanidinoacetate, sulfites
LP: CSF/blood glucose, protein cell count, lactate, neurotransmitters, amino acids, P5P, 5-MTHFR

*Upon discharge refer patient to designated epileptologist

Approved by the Epilepsy Workgroup Team Physician
Sponsor: Drs. Arredondo, Julich and Clarke

Revision History

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Next Review Date: April 2026

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Recommend use of **Zotero** to keep track of References.

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(Work-up)

Supporting use of epilepsy gene panel, CMA and Brain MRI: Article #2 (PMID 31418851)

Combined pick up rate for CMA + gene panel: Article #3 (PMID 25779538)

(Dual treatment)

ICISS Trial: Article #1 (PMID 27838190)

Article #2 (PMID 31418851)

(Treatment dosing)

Prednisolone 8 mg/kg/day Article #4 (PMID 31331669)

ACTH 150 units/m² Article #5 (PMID 8604274); Article #6 (PMID 15541450)

Vigabatrin titrate up to 150 mg/kg/day div BID: Article #6 (PMID 15541450); Article #10 (11673582)

(Treatment side effect monitoring/intervention)

Hypertension: Article #7 (PMID 31769329)

Tuberculosis: in sum, extremely rare, very little literature

i. Article #8 Concurrent steroids w/ TB trmt (PMID 18401037)

ii. Red Book (Article #9): Recommendation for children on corticosteroids and screening questions (see below for ?s): "Patients should be questioned for risk factors for M tuberculosis complex infection. In the presence or absence of tuberculosis risk factors, a TST or IGRA should be performed before the initiation of therapy with high-dose systemic corticosteroids, antimetabolite agents, and tumor necrosis factor antagonists or blockers (eg, infliximab and etanercept; see Biologic Response Modifying Drugs Used to Decrease Inflammation, p 85). Some experts recommend that if the child has at least 1 tuberculosis risk factor, both a TST and an IGRA should be performed to maximize sensitivity; a positive result of either test should be taken as evidence of M tuberculosis infection." Articles