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# NON-CONVULSIVE STATUS EPILEPTICUS (NCSE) IN INTENSIVE CARE: INTERNATIONAL GUIDELINES AND LOCAL CLINICAL CAPABILITIES

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## Introduction:

Non-Convulsive Status Epilepticus (NCSE) represents one of the most challenging and frequently undiagnosed conditions in neurocritical care. In critically ill patients, altered or depressed consciousness is often incorrectly attributed to primary pathologies (such as sepsis, trauma, or metabolic derangements), leading to delayed diagnosis of NCSE. Without timely intervention, NCSE is associated with irreversible neuronal injury, prolonged hospital stay, and high mortality.

## Objective:

This paper aims to review current international guidelines for the diagnosis and management of NCSE (including the Salzburg 2015 criteria and AES/NCSE guidelines) and to analyze practical pathways for their adaptation, considering local clinical resources and capabilities.

## Main Content:

According to international protocols, continuous electroencephalography (cEEG) monitoring is the "gold standard" for diagnosing NCSE. Unfortunately, in Georgia—particularly outside the capital—24/7 cEEG monitoring is frequently unavailable in routine clinical practice. This paper discusses screening clinical algorithms that assist intensivists in the timely identification of high-risk patients (e.g., post-convulsive coma, unexplained encephalopathy, subtle motor phenomena).

Furthermore, we review the tactical use of first- and second-line antiepileptic drugs and the role of the "therapeutic test" in the diagnostic process when continuous monitoring is limited.

## Conclusion:

Effective management of NCSE requires a high index of clinical suspicion and close collaboration between intensivists and neurologists. Adapting international guidelines to local capabilities

enables the development of optimal clinical pathways, which can significantly improve outcomes for neurocritical patients.

**Key words**: Non-Convulsive Status Epilepticus, Intensive Care, undiagnosed conditions, high-risk patients.