

## Supplementary Online Content

Chamberlain JM, Okada P, Holsti M, et al; Pediatric Emergency Care Applied Research Network. Lorazepam vs diazepam for pediatric status epilepticus: a randomized clinical trial. *JAMA*. doi:10.1001/jama.2014.2625.

**eTable.** The Modified Riker Sedation-Agitation Scale

**eFigure 1.** Response Latency (Time to Cessation of Status Epilepticus)

**eFigure 2.** Time to Recurrent Seizures

**eFigure 3.** Time to Return to Baseline Mental Status

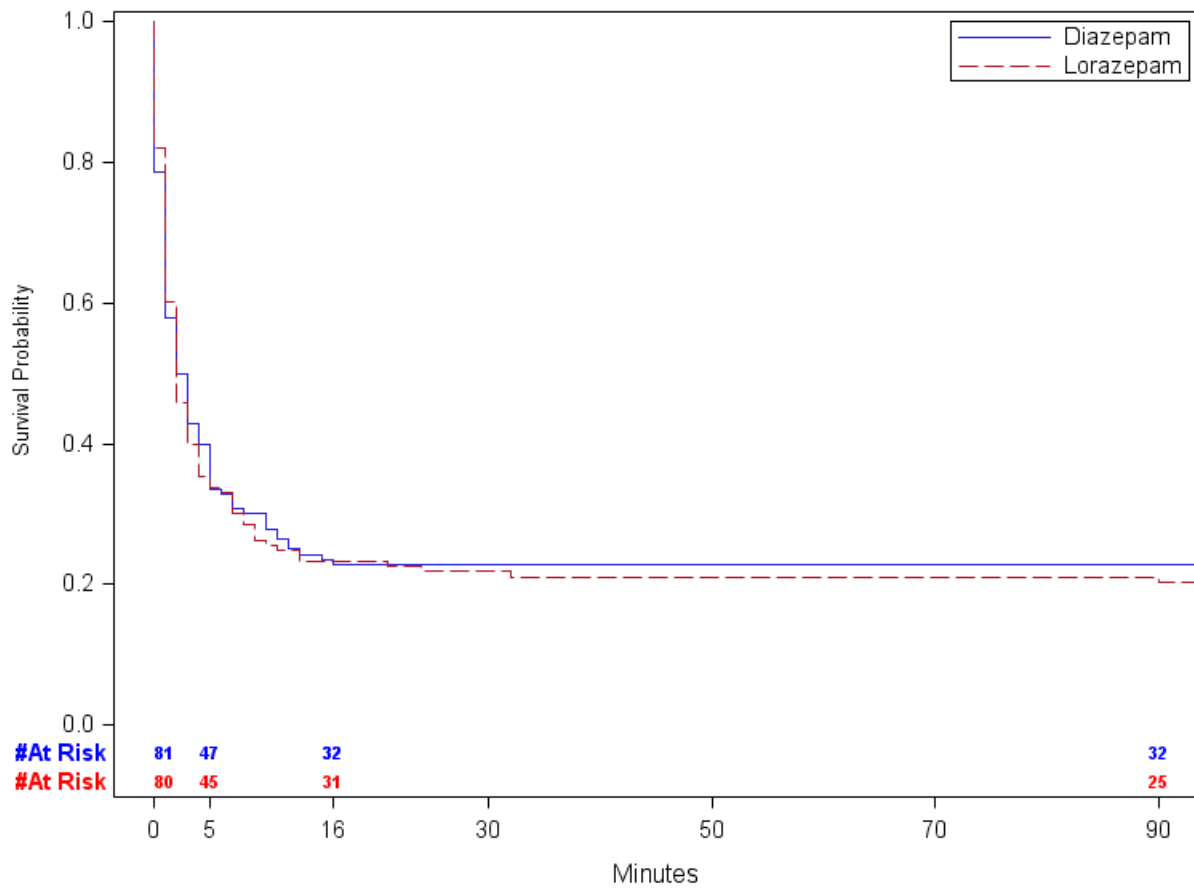
This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable.** The Modified Riker Sedation-Agitation Scale

Score	Example (older children)	Example (< 2 years old)
7: Dangerously agitated	Pulling at ETT, trying to remove catheters, climbing over bed rail, striking at staff, thrashing side to side	Same as older children
6: Very agitated	Does not calm despite frequent verbal reminding of limits, requires physical restraints, biting ETT	Does not calm despite frequent verbal reminding of limits, soothing touch, bottle/breast, or parental presence, requires physical restraints, biting ETT
5: Agitated	Anxious or mildly agitated, attempting to sit up, calms down to verbal instructions	Anxious or mildly agitated, attempting to sit up, calms down to verbal instructions, soothing touch, bottle/breast, or parental presence
4: Calm and cooperative	Calm, awakens easily, follows commands	Calm, awakens easily, follows commands or interacts normally with environment (may cry with strangers but calms with parent)
3: Sedated	Difficult to arouse, awakens to verbal stimuli or gentle shaking but drifts off again, follows simple commands	Difficult to arouse, awakens to verbal stimuli or gentle shaking but drifts off again, follows simple commands or tracks face/light
2: Very sedated	Arouses to physical stimuli but does not communicate or follow commands, may move spontaneously	Arouses to physical stimuli but does not communicate or follow commands, does not track face or light, may move spontaneously
1: Unarousable	Minimal or no response to noxious stimuli	Minimal or no response to noxious stimuli

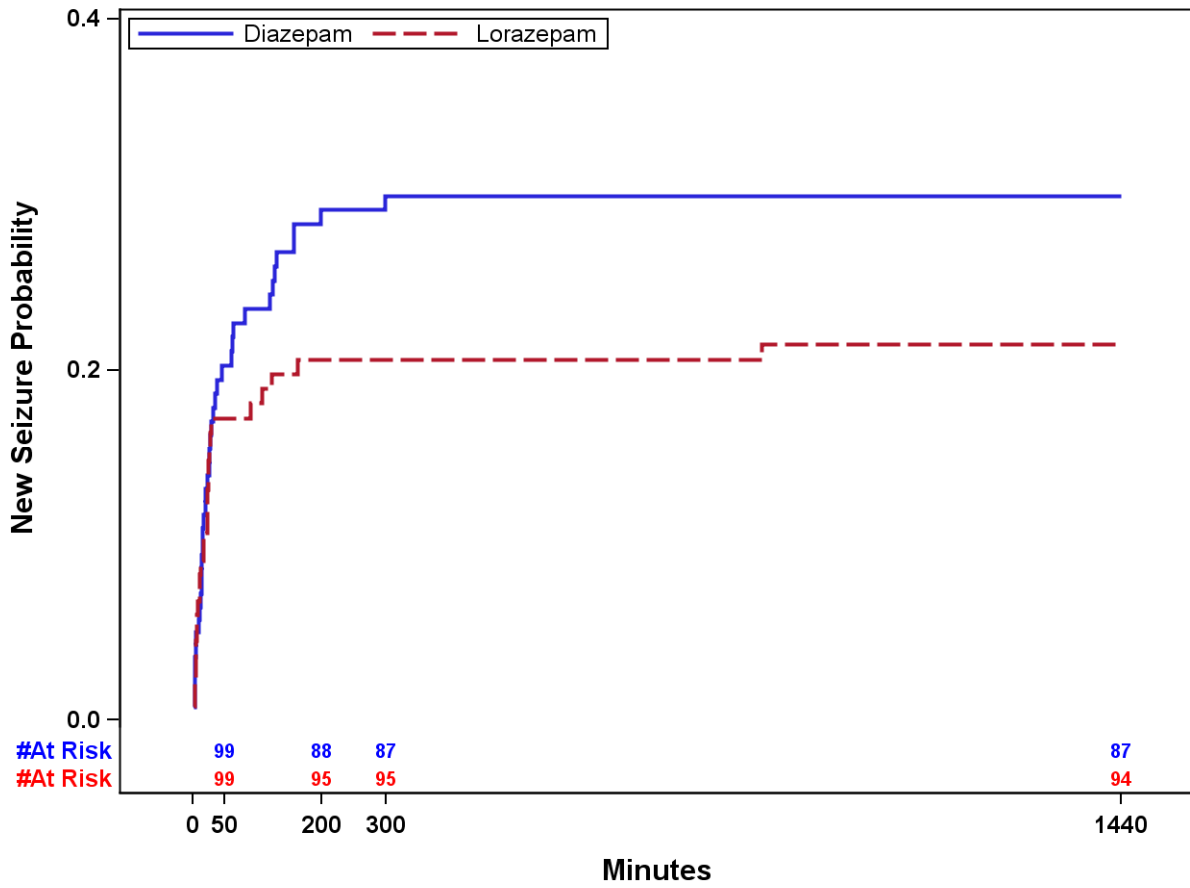
The original Riker scale<sup>25</sup> is contained in the first two columns; the right column depicts the modifications for preverbal children. ETT is endotracheal tube

**eFigure 1.** Response Latency (Time to Cessation of Status Epilepticus)



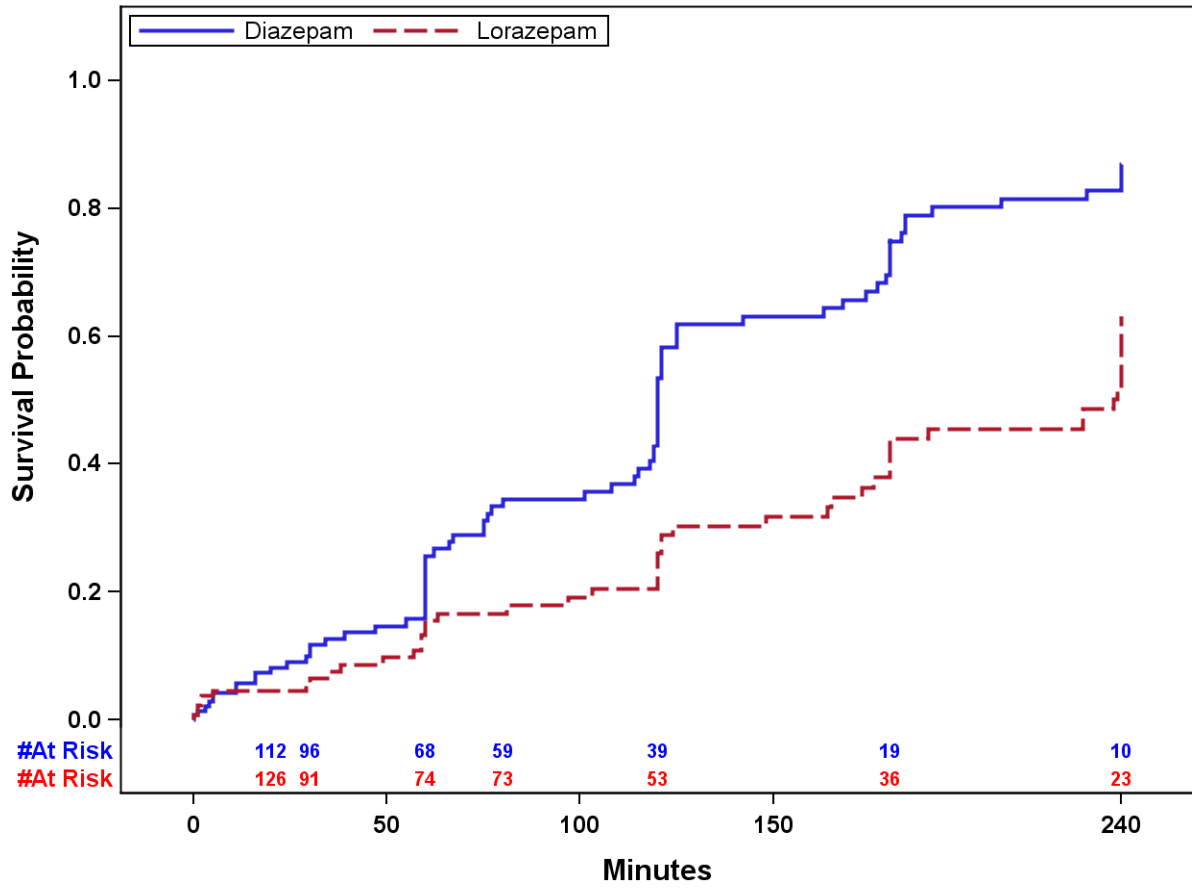
Hazard ratio [95% CI] = 0.99 [0.75-1.29],  $P = .92$ .

**eFigure 2. Time to Recurrent Seizures**



Hazard ratio [95% CI] = 1.04 [0.77-1.4],  $P = .15$ .

**eFigure 3.** Time to Return to Baseline Mental Status



Hazard ratio [95% CI] = 1.96 [1.35-2.84],  $P < .0003$ .