**Supplementary Fig Captions**

Supplementary Fig. S1. A potential approach to convulsive [status epilepticus](https://www.sciencedirect.com/topics/neuroscience/status-epilepticus) in children. The first step should always be to take care of airway, breathing, and circulation (ABCs). The first-line antiepileptic drug (AED) is usually a benzodiazepine (most frequently lorazepam), followed by a loading dose of [phenytoin](https://www.sciencedirect.com/topics/neuroscience/phenytoin), and then another intravenous (IV) [epilepsy](https://www.sciencedirect.com/topics/neuroscience/epilepsy) medication, most frequently phenobarbital, [levetiracetam](https://www.sciencedirect.com/topics/neuroscience/levetiracetam), or [valproic acid](https://www.sciencedirect.com/topics/neuroscience/valproic-acid). If the patient is younger than 2 years of age, [pyridoxine](https://www.sciencedirect.com/topics/neuroscience/pyridoxine) and [thiamine](https://www.sciencedirect.com/topics/neuroscience/thiamine) should be considered after failure of the first 2–3 treatments. Additional (and overlapping) systemic management should consider potential correction of [hypoxia](https://www.sciencedirect.com/topics/medicine-and-dentistry/hypoxia-medical), [hemodynamics](https://www.sciencedirect.com/topics/medicine-and-dentistry/hemodynamics), [hyperthermia](https://www.sciencedirect.com/topics/medicine-and-dentistry/hyperthermia), [hypoglycemia](https://www.sciencedirect.com/topics/neuroscience/hypoglycemia), and [hyponatremia](https://www.sciencedirect.com/topics/medicine-and-dentistry/hyponatremia). Diagnostic laboratory tests, EKG, and imaging may be obtained simultaneously. If status epilepticus becomes refractory (at the latest, after failure of the second medication) continuous [EEG](https://www.sciencedirect.com/topics/medicine-and-dentistry/electroencephalography) monitoring should be initiated. If treatment with two or three AEDs fails, [burst suppression](https://www.sciencedirect.com/topics/medicine-and-dentistry/burst-suppression) with midazolam or pentobarbital may be initiated. In children less than 2 years of age, a pyridoxine trial should be considered. This approach is mainly derived from medical convention and adult data, and will need to be evaluated in children. Data to corroborate or evaluate this and other approaches in children are limited or not available. Legend: ABC: Airway, breathing, circulation. AED: Antiepileptic drug. CI: Continuous infusion. DZP: [Diazepam](https://www.sciencedirect.com/topics/neuroscience/diazepam). EEG: [Electroencephalogram](https://www.sciencedirect.com/topics/medicine-and-dentistry/electroencephalography). EKG: [Electrocardiogram](https://www.sciencedirect.com/topics/neuroscience/electrocardiography). FPHT: Fosphenytoin. LEV: Levetiracetam. LZP: Lorazepam. MDZ: Midazolam. PB: Phenobarbital. PE: Phenytoin equivalents. PHT: Phenytoin. PR: per rectum. PTB: Pentobarbital. VPA: Valproate. Reproduced with permission from Loddenkemper and Goodkin[21](https://www.sciencedirect.com/science/article/pii/S1059131113002811?via%3Dihub" \l "bib0105).

Supplementary Fig. S2. Structural organization of pSERG with the different governing structures. This figure outlines the relationship between the pSERG committees, including the database management working group, operations advisory working group, executive committee, data collection and evaluations group, and quality control working group.