

EPILEPSY EMERGENCY MANAGEMENT PLAN.

USING MIDAZOLAM BUCCAL LIQUID 10mg (base) in 1ml

Patients Name:	
Date of birth:	
Address:	
Completed by:	
Date:	
Present at Assessment:	
Review Date:	

Information taken from the Joint Epilepsy Council

Epilepsy Emergency Management Plan for status Epilepticus, prolonged & cluster seizures	
Date operational from:	
Renewal date:	
Medication:	Buccal Midazolam 10mg (base) in 1ml (Controlled Drug)
Prescribed dosage:	
Route of administration:	Intra Buccal
Please accurately describe the conditions for administering Buccal Midazolam Medication.	
If administration of buccal midazolam is not an option, please act as follows:	
What is the usual reaction to buccal midazolam?	
If there are difficulties in the administration of buccal midazolam what actions should be taken?	
If the 1 st dose of midazolam doesn't have the desired effect, what do you do?	
After how long can a 2 nd dose be given?	
How much buccal midazolam is given in total?	
When should the person's Doctor be consulted?	
When should you phone 999?	
Who needs to be informed?	
Precautions Under what circumstances should Midazolam not to be used?	(I.e. oral diazepam given within the last..... minutes.)
<p>Midazolam as Buccal Preparation is unlicensed. Please report all suspected reactions to the Consultant.</p> <p>Overdosage of midazolam can be treated with Flumazenil as 0.2 mg intravenously up to 1 mg over 15 seconds.</p> <p>Patients with continual fitting or a sequence of fits without sufficient time to recover in between are in STATUS EPILEPTICUS. This is a MEDICAL EMERGENCY and patients must be treated by following the agreed Emergency Management Plan."</p>	

This Plan has been agreed by the following:

Prescribing Doctor: Name (please print): _____

Signature: _____ Date: _____

Epilepsy Nurse: Name (please print): _____

Signature: _____ Date: _____

Parent/Carer/Guardian: Name (please print): _____

Signature: _____ Date: _____

Epilepsy Specialist Name (please print): _____

(Consultant Psychiatrist/
Neurologist)

Signature _____ Date _____

Respite Care: Name's (please print): _____

Signature's: _____ Date _____

Client: Name (please print): _____

Signature: _____ Date: _____



THE PEOPLE NAMED BELOW HAVE BEEN SHOWN HOW TO ADMINISTER BUCCAL MIDAZOLAM IN ACCORDANCE WITH THE EPILEPSY EMERGENCY MANAGEMENT PLAN FOR THE CLIENT NAMED BELOW

Patient: Name (please print): _____

Signature: _____ Date: _____

Parent/Carer/Guardian: Name (please print): _____

Signature: _____ Date: _____

Residential Services: Name's (please print): _____

Signature's: _____

Date _____

Respite Care: Name's (please print): _____

Signature's: _____

_____ Date _____

Day service: Name's (please print): _____

Signature's: _____

_____ Date _____

Suspected reaction to Midazolam given as emergency treatment for Epileptic Seizures.

Patient Name:																							
Address:																							
Date of Birth:																							
Time and dose of Midazolam given and administrative route: i.e. Buccal/Intranasal	Time:	Dose:																					
	Dose:	Route:																					
<p>Midazolam as a Buccal preparation is unlicensed. Please report <u>all</u> suspected reactions to the Consultant. Please give a clear account of the event.</p> <p>These are some of the likely suspected side effects:</p> <p style="text-align: right;">Please Tick</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">1. Drowsiness for several hours after administration.</td> <td style="width: 5%;"></td> <td style="width: 25%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Respiratory problems.</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Headache.</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Dizziness.</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. Hiccoughs.</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>6. Agitation/Restlessness)</td> <td style="text-align: right;">) Rare</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>7. Disorientation)</td> <td style="text-align: right;">)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Other – Please state/describe:</p>			1. Drowsiness for several hours after administration.		<input type="checkbox"/>	2. Respiratory problems.		<input type="checkbox"/>	3. Headache.		<input type="checkbox"/>	4. Dizziness.		<input type="checkbox"/>	5. Hiccoughs.		<input type="checkbox"/>	6. Agitation/Restlessness)) Rare	<input type="checkbox"/>	7. Disorientation))	<input type="checkbox"/>
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7. Disorientation))	<input type="checkbox"/>																					
Signature:	Date:	Copy to: Consultant and one copy to remain in the patient notes.																					

PATIENT INFORMATION SHEET 1

Buccal Midazolam liquid 10mg in 1ml

Prolonged seizures are potentially harmful; therefore people who are known to have prolonged seizures are occasionally prescribed Buccal Midazolam by their doctor to be administered in the community. Your doctor may require a test dose to be administered in hospital prior to it being used in the community. This will be your consultant's decision.

Midazolam is a drug that is used as a sedative and to control seizures. It is seen to be as effective as rectal diazepam (Scott et al 1999), easy to administer and is socially acceptable. The sedative effect may cause respiratory problems or more commonly, cause the patient to be drowsy for several hours after administration. Following administration of Buccal Midazolam the patient should be observed closely. Always seek emergency assistance if respiratory problems occur.

The Buccal area (inside the mouth between the lower gums and the cheek) is used when drugs cannot be administered orally, i.e. during seizure activity. The Buccal area has a good blood supply, which allows for quick absorption of the Midazolam into the blood stream in order to control the seizure (this takes about 5-10 minutes). Buccal Midazolam can be administered by a trained, competent and willing individual who has received permission from the person or the parents/carers of the person with epilepsy (British Epilepsy Association).

Midazolam is an unlicensed product, which will be fully explained to the parents /carers by the prescribing doctor.

A PARENT / CARERS GUIDE TO ADMINISTRATION

WHAT IS MIDAZOLAM FOR?

To prevent epileptic seizures developing into status epilepticus (an epileptic seizure or series of seizures that continues for 30 minutes or more)

WHEN SHOULD MIDAZOLAM BE GIVEN

Most (75%) epileptic seizures stop within 5 minutes. Since buccal midazolam may cause severe drowsiness it should not be given until after the seizure has lasted 5 minutes. However if it is known that your seizures always last more than 5 minutes, then your doctor may advise you that buccal midazolam should be given immediately.

Important checks to make before you give midazolam

- Is the person having a seizure?
- Is it the type of seizure that needs buccal midazolam?
- Ensure the patient is safe whilst you get the midazolam and that you are safe whilst you give it.
Do not move the patient unless they are in danger
- Check that you have the patient's individual seizure car plan. It will state the
 - . Right medication
 - . Right dose
 - . Circumstances and timing for giving midazolam
- Check the medication is not out of date or cloudy.

Call 999 for further medical assistance if:

- You are unable to give midazolam
- The seizure lasts for 5 minutes after a 2nd dose of midazolam has been given
- The care plan advises calling an ambulance
- You are worried
- It is the first time ever that midazolam is being given.

How soon will it work?

The seizures should start to be controlled after approximately 5 minutes

Can I give two doses?

A second dose may be given 10 minutes after the first dose if needed and if the patient is breathing normally. **If no effect is apparent 5 minutes after the second dose, call an ambulance**

Do not give any more doses in the next 24 hours. If seizures reoccur, call an ambulance

Packaging and Dose

Buccal Midazolam will come in a brown medicine bottle with a child lock cap and bung. The sugar free solution is 10mg in 1 ml and will come in 5ml bottles. There are 4 x 1 ml oral syringes within the box.

Indications for Use

It will be decided by the patient's doctor when Buccal Midazolam should be administered (usually if a seizure lasts more than 5-10 minutes or if a number of seizures occur without complete recovery of consciousness (Holmes 1999)).

Storage

Buccal Midazolam should be kept in an upright position, at room temperature, out of the reach of children. When used, the cap must be replaced immediately, as the liquid will evaporate and some of the Midazolam will precipitate causing white particles. If the solution is not clear, it should be discarded.

Shelf Life

Buccal Midazolam will last for two years from manufacture, but always check the expiry date.

PATIENT INFORMATION SHEET 2

Midazolam Buccal Liquid 10mg in 1ml

How to Give the Medicine

Midazolam should only be given to the patient it is prescribed for.

- If possible, wash hands.
- Refer to the patient's Epilepsy Emergency Management Plan.
- Check the name, expiry date and route of administration.
- Hold the bottle upright.
- Remove the child resistant cap by pushing it down and turning it anti-clockwise.
- Push the plunger of the empty 1ml oral dispenser (syringe) completely down towards its tip.
- Insert the tip of the oral dispenser into the hole in the white plastic bottle adaptor.
- Hold the bottle and oral dispenser securely and turn the bottle upside down.
- Pull the plunger out slowly until the oral dispenser contains the required amount of liquid.

Prescribed Dose	Amount of Liquid
2.5 mg	0.25ml
5.0mg	0.50ml
10.0mg	1ml

- Turn the bottle upright.
- Remove the oral dispenser from the bottle.
- Put about half of the liquid in the oral dispenser between the patient's gums and cheek (Buccal cavity). Do not let the patient bite the oral dispenser.
- Put the remaining liquid between the lower gums and cheek on the other side of the mouth.
- Do not give the midazolam too quickly, as this may cause the person to choke or swallow it. If a small amount is swallowed it is not a problem.

- If possible, position the patient's head and mid-line during the administration to help hold the lips shut gently for a minute or two to prevent leakage if possible and gently massage cheek and lips to assist absorption.
- Screw the child-resistant cap back on the bottle immediately, otherwise liquid will evaporate and some of the Midazolam will precipitate. This will be exhibited as white particles in the liquid. The pack must be discarded if the solution is not clear.
- Once the convulsion has stopped, place the patient in the recovery position. Remain with the patient and reassure.

Cautions for Use

Do not exceed stated dose. The safety in pregnancy has not been established. In case of overdose, the patient should be urgently transferred to the nearest Accident and Emergency Department.

After Administration

- Note the time when the Midazolam was given and refer to the patient's emergency Plan regarding protocol for further doses.
- The expected effect is that the seizure activity will cease and that the individual will sleep for a period after administration.
- Drowsiness for several hours after administration is usual.
- Observe for side effects, which can include changes to breathing pattern, decrease in blood pressure, headache, dizziness and hiccoughs.
- The most common side effect is drowsiness; however, agitation, restlessness and disorientation have been reported.

Other Observations

- Observe breathing carefully and check for evidence of cyanosis, e.g. bluing around the lips and fingertips. If you are concerned about the individual's breathing at any time, call an ambulance.
- If the individual is ambulant and walking around, they will need to be observed closely as they may experience dizziness or a drop in blood pressure, which may lead to a fall.
- The individual may be disorientated on waking and will require assistance.
- Do not give the person anything to eat or drink until they have fully recovered.

RECORD OF USE OF BUCCAL MIDAZOLAM

Date:	
Type of Seizure:	
Time Started:	
Time initial does of Midazolam given:	
Time seizure stopped:	
Did seizure start again?	
If “yes”, what time?	
Did you give a further dose of Midazolam?	
If “yes”, what time?	
Outcome:	
Observations:	
Parent/Carer/Guardian Informed:	
Other Information:	
Recorded by:	
Witnesses:	