

PROTOCOL FOR THE ADMINISTRATION OF OROMUCOSAL (BUCCAL) MIDAZOLAM: PRESCRIBER-LED

Midazolam Prefilled Syringe – 10mg

| | | | |
|--|-------------|---|----------------|
| Name | Peter Piper | ID no. e.g. NHS, CHI, DOB | CHI: 002345670 |
| Before giving always check when midazolam was last administered. Check expiry date before use. Do not refrigerate. | | | |
| When should midazolam oromucosal solution be administered? (describe seizures to be treated and exact time to administration) | | | |
| For a tonic-clonic seizure lasting for 5 minutes - Peter becomes unconscious, he may cry out, will fall if standing, his body stiffens and this is followed by rhythmical (convulsive) jerking of his limbs and head, his eyes remain open, he becomes grey in colour, he makes a grunting /groaning noise, saliva comes from his mouth. | | | |
| How much midazolam oromucosal solution should be given initially? (name drug, formulation, strength and dose) | | | |
| Epistatus 10mg/1mL oromucosal pre-filled syringe. Give 10mg = one full syringe | | | |
| Method of administration - buccal (side of mouth) | | | |
| <ol style="list-style-type: none"> 1. Check the name on the outer case. 2. Check dosage is 10mg. 3. Open outer case by removing the tamper-proof tab and remove prefilled syringe. 4. Twist off the cap/sheath from syringe and discard. 5. Insert syringe gently into side of mouth, between teeth and lower cheek, tilt syringe down and slowly push syringe plunger until empty. 6. Note time of administration, place on side if possible and observe. | | | |
| Can a repeat dose of midazolam oromucosal solution be given? What is the repeat dose, and when can it be given? | | What is the maximum dose of midazolam oromucosal solution that can be given in 24 hours? | |
| A repeat dose is not prescribed. If seizures do not stop within 5 minutes of midazolam administration take action as below. | | 10mg in 24 hours | |
| When and what further action can be taken? | | | |
| Phone 999: <ul style="list-style-type: none"> • If seizure does not stop within 5 minutes of last dose of midazolam being given. • If breathing does not recover for any reason once the seizure has stopped, or if an injury that needs medical attention is sustained. • If seizures return within 24 hours of the last administration of midazolam. • If this is the person's first midazolam dose. | | | |

Do not exceed maximum dose prescribed for the person in 24 hours unless directed by the GP/Consultant/Nurse Prescriber.

| | |
|--|---|
| This treatment is approved by GP/Consultant/Nurse Prescriber: | Name: Dr Foster |
| | Designation/Title: General Practitioner |
| Date: 01/04/2020 | Signature: Dr Foster |

Carer Note: This protocol does not have an automatic expiry date – it remains valid until discontinued by an appropriate healthcare professional.

Nurse/Doctor Note: The treatment protocol should be reviewed annually for efficacy and if necessary a referral made to an epilepsy specialist.

| This treatment protocol has been reviewed and the treatment is effective | | | | | |
|---|--|--|--|--|--|
| Name/Designation: | | | | | |
| Signature: | | | | | |
| Date: | | | | | |

PROTOCOL FOR THE ADMINISTRATION OF OROMUCOSAL (BUCCAL) MIDAZOLAM: PRESCRIBER-LED

Midazolam Prefilled Syringe – 10mg

| | | | |
|--|------------|---|-------------------|
| Name | Jane Smith | ID no. e.g. NHS, CHI, DOB | NHS: 123 456 7890 |
| Before giving always check when midazolam was last administered. Check expiry date before use. Do not refrigerate. | | | |
| When should midazolam oromucosal solution be administered? (describe seizures to be treated and exact time to administration) | | | |
| If Jane has a tonic-clonic/convulsive seizure lasting 5 minutes where she loses consciousness, body stiffens, arms and legs extend, followed by convulsive jerking of body, arms, legs and head, jerking of her face and eyelids, she makes a grunting noise and saliva bubbles, she becomes grey and can become blue around her mouth and nose OR If Jane has two or more convulsive seizures of any duration as above, within 1 hour. | | | |
| How much midazolam oromucosal solution should be given initially? (name drug, formulation, strength and dose) | | | |
| Epistatus 10mg/1mL oromucosal pre-filled syringe. Give 10mg = one full syringe | | | |
| Method of administration - buccal (side of mouth) | | | |
| <ol style="list-style-type: none"> 1. Check the name on the outer case. 2. Check dosage is 10mg. 3. Open outer case by removing the tamper-proof tab and remove prefilled syringe. 4. Twist off the cap/sheath from syringe and discard. 5. Insert syringe gently into side of mouth, between teeth and lower cheek, tilt syringe down and slowly push syringe plunger until empty. 6. Note time of administration, place on side if possible and observe. | | | |
| Can a repeat dose of midazolam oromucosal solution be given? What is the repeat dose, and when can it be given? | | What is the maximum dose of midazolam oromucosal solution that can be given in 24 hours? | |
| If seizure/s do not stop within 5 minutes of the first dose being given, a second dose of Epistatus 10mg/mL can be given = one full syringe | | 20mg in 24 hours | |
| When and what further action can be taken? | | | |
| Phone 999: <ul style="list-style-type: none"> • If seizure does not stop within 5 minutes of last dose of midazolam being given. • If breathing does not recover for any reason once the seizure has stopped, or if an injury that needs medical attention is sustained. • If seizures return within 24 hours of the last administration of midazolam. • If this is the person's first midazolam dose. | | | |

Do not exceed maximum dose prescribed for the person in 24 hours unless directed by the GP/Consultant/Nurse Prescriber.

| | |
|--|--|
| This treatment is approved by GP/Consultant/Nurse Prescriber: | Name: Ann Nurse |
| | Designation/Title: Clinical Nurse Specialist, Epilepsy and NMP |
| Date: 01/04/2020 | Signature: Ann Nurse |

Carer Note: This protocol does not have an automatic expiry date – it remains valid until discontinued by an appropriate healthcare professional.

Nurse/Doctor Note: The treatment protocol should be reviewed annually for efficacy and if necessary a referral made to an epilepsy specialist.

| This treatment protocol has been reviewed and the treatment is effective | | | | | |
|---|--|--|--|--|--|
| Name/Designation: | | | | | |
| Signature: | | | | | |
| Date: | | | | | |