

PROTOCOL FOR THE ADMINISTRATION OF EPISTATUS®: PRESCRIBER-LED

Midazolam (as maleate) - 10mg in 1mL Oromucosal Solution

Name	ID no. e.g. NHS, CHI, DOB	
Before giving always check when Epistatus® was last administered. Check expiry date before use. Do not refrigerate.		
When should Epistatus® be administered? (describe seizures to be treated and exact time to administration)		
How many doses of Epistatus® 10mg in 1mL should be given initially? (1 syringe = 1x 10mg in 1mL dose)		
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 in 1mL. 3. Open outer case by removing the tamper-proof tab and remove prefilled syringe. 4. Twist off the 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 Epistatus® 10mg in 1mL be given? What is the repeat dose, and when can it be given?		What is the maximum dose of Epistatus® that can be given in 24 hours?
When and what further action can be taken?		
<p>Phone 999:</p> <ul style="list-style-type: none"> • If seizure does not stop within 5 minutes of last dose of Epistatus® 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 Epistatus®. • If this is the person's first Epistatus® 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:	<p>Carer Note: This protocol does not have an automatic expiry date – it remains valid until discontinued by an appropriate healthcare professional.</p> <p>Nurse/Doctor Note: The treatment protocol should be reviewed annually for efficacy and if necessary a referral made to an epilepsy specialist.</p>
	Designation/Title:	
Date:	Signature:	

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