

# PROTOCOL FOR THE ADMINISTRATION OF EPISTATUS®: PRESCRIBER-LED

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

<b>Name</b>	<b>ID no. e.g. NHS, CHI, DOB</b>	
<b>Before giving always check when Epistatus® was last administered. Check expiry date before use. Do not refrigerate.</b>		
<b>When should Epistatus® be administered?</b> (describe seizures to be treated and exact time to administration)		
<b>How many doses of Epistatus® 10mg in 1mL should be given initially?</b> (1 syringe = 1x 10mg in 1mL dose)		
<b>Method of administration - buccal</b> (side of mouth)		
<ol style="list-style-type: none"> <li>1. Check the name on the outer case.</li> <li>2. Check dosage is 10mg in 1mL.</li> <li>3. Open outer case by removing the tamper-proof tab and remove prefilled syringe.</li> <li>4. Twist off the sheath from syringe and discard.</li> <li>5. Insert syringe gently into side of mouth, between teeth and lower cheek, tilt syringe down and slowly push syringe plunger until empty.</li> <li>6. Note time of administration, place on side if possible and observe.</li> </ol>		
<b>Can a repeat dose of Epistatus® 10mg in 1mL be given? What is the repeat dose, and when can it be given?</b>		<b>What is the maximum dose of Epistatus® that can be given in 24 hours?</b>
<b>When and what further action can be taken?</b>		
<p><b>Phone 999:</b></p> <ul style="list-style-type: none"> <li>• If seizure does not stop within 5 minutes of last dose of Epistatus® being given.</li> <li>• If breathing does not recover for any reason once the seizure has stopped, or if an injury that needs medical attention is sustained.</li> <li>• If seizures return <b>within</b> 24 hours of the last administration of Epistatus®.</li> <li>• If this is the person's first Epistatus® dose.</li> </ul>		

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

<b>This treatment is approved by GP/Consultant/Nurse Prescriber:</b>	Name:	<p><b>Carer Note:</b> This protocol does not have an automatic expiry date – it remains valid until discontinued by an appropriate healthcare professional.</p> <p><b>Nurse/Doctor Note:</b> 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:					