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

Midazolam Prefilled Syringe – 10mg

Name		**ID no. e.g. NHS, CHI, DOB**	

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)

Please click the highlighted fields to enter text...

How much midazolam oromucosal solution should be given initially?
(name drug, formulation, strength and dose)

Method of administration - buccal (side of mouth)

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?**

When and what further action can be taken?

Phone 999:

- 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 described for the person in 24 hours unless directed by the GP/Consultant/Nurse Prescriber.

This treatment is approved by GP/Consultant/Nurse Prescriber:	Name: Designation/Title:
Date:	Signature: Print name as signature

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:					

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Designed in accordance with National Clinical standards:
1. SIGN 143, Diagnosis and management of epilepsy in adults, A national clinical guideline, (May 2015, Last update- 2018). Chapter 4.11, p.26 **2.** NICE, Epilepsies: diagnosis and management, Clinical guidelines [CG137], (January 2020, Last update- February 2020). Chapter 1.14.1.4

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