

Buccal midazolam care plan

Guidelines for the administration of buccal midazolam in epilepsy and febrile convulsions for non-medical/non-nursing staff. This individual care plan is to be completed by, or in consultation with, the prescribing medical practitioner.

Name of person with epilepsy: _____

Date of birth: _____ **Weight:** _____

Known allergies: _____

Usual daily/weekly medicines (all)

Name	Dose/frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Buccal midazolam treatment plan

Precautions – in these circumstances buccal midazolam should NOT be given

For example: another medicine has been given within the last _____ minutes/hours)

For care or medical staff: is insurance cover in place YES NO

Which types of seizure should buccal midazolam be given for? Seizure type (describe)

Type 1 _____

Usual duration of seizure type 1 _____

Type 2 _____

Usual duration of seizure type 2 _____

Type 3 _____

Usual duration of seizure type 3 _____

Other useful information _____

When should buccal midazolam be given? (Include whether it is after a certain length of time or particular number of seizures)

Seizure type 1 After 5 minutes of convulsive activity or if 3 or more convulsive seizures occur within an hour.

Seizure type 2 _____

Seizure type 3 _____

Who should witness the giving of buccal midazolam?

First dose: how much buccal midazolam is given? This should be the recommended number of milligrams for the person named in this care plan.

What is the person's usual reaction to buccal midazolam?

If it is difficult to give, for example because the person is making too much saliva, what action should be taken?

Can a second dose of buccal midazolam be given? Yes or No

Second dose: how much buccal midazolam is given? This should be the recommended number of milligrams for the person named in this care plan.

This would only be when it has been written into the person's care plan by the person who prescribed the buccal midazolam. An ambulance should be called if the seizure doesn't stop after the first dose has been given.

What is the maximum dose of buccal midazolam that can be given in a 24 hour period?



Person with epilepsy/parent/guardian

Name: _____ Signature: _____



(BLOCK CAPITALS)

Date: _____

Employer of the person authorised to give buccal midazolam

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

This form should be available for every medical review of the patient

Copies to be held by

Date for review of plan _____

How will people named in this document be told of any changes?

Record of use of buccal midazolam

Date:				
Recorded by:				
Type of seizure:	Convulsive seizure			
Length and/or number of seizures:				
First dose:				
Outcome:	Patient recovered after first dose			
Second dose (only if agreed on care plan and signed by the person who prescribed)				
Outcome:				
Parent/guardian informed:	Yes - Mrs Sarah Smith			
Prescribing medical practitioner informed:	Yes - Dr John Doe			
Other information:	Trigger: lack of sleep			
Witness:				
Re-order buccal midazolam?	No			
Name of person re-ordering:				
Date:				

