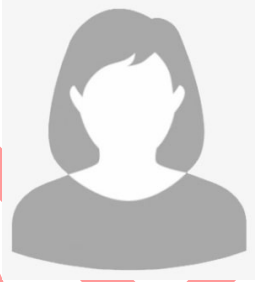


Name of Child/Young Person:

**HEALTH CARE PLAN FOR A CHILD/YOUNG PERSON WITH EPILEPSY
REQUIRING BUCCOLAM (MIDAZOLAM) FOR CONTROL OF SEIZURES**

PERSONAL DETAILS

Name of Child/Young Person:	Child/Young Person's Photo 
Date of Birth:	
Name of School/Setting:	
NHS No:	
Date Care Plan Completed:	
Date Care Plan to be Reviewed: (Must be reviewed on a yearly basis)	

CONTACT INFORMATION

Family Contact 1 Name: Phone No: (Home) (Work): (Mobile): Relationship:	Family Contact 2 Name: Phone No: (Home) (Work): (Mobile): Relationship:
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GP Name: Telephone Number:	
Consultant Name: Telephone Number:	
Community Nurse: Telephone Number:	

Name of Child/Young Person:

BUCCOLAM
(MIDAZOLAM)

(mg)

1ST DOSE

2ND DOSE

Consultant Paediatrician's Signature:

(Print Name)



(Signature)

(Date)

Note for parents:

- Parents/carers are reminded of the importance of informing schools/respice carers of any changes in treatment/medication or ongoing concerns/changes in seizure patterns;
- **CONFIDENTIALITY:** For reasons of safety and rapid access, this form may be displayed on a notice board in the staff room, and a copy will be kept with the medication in a locked cupboard;

Copies held by:

Parents

Community records

School

Consultant

Specialist Epilepsy Nurse

Other

Please state:

Name of Child/Young Person:

BUCCOLAM (MIDAZOLAM) (pre-loaded syringe) PROCEDURE FOR ADMINISTRATION

1. **Assess the situation and administer first aid.**
2. **Check the BUCCOLAM has the correct name and is in date and that it is the correct dose for the child's age.**
3. **Take one plastic tube, break the tamper-proof seal and remove the syringe containing BUCCOLAM.**
4. **Remove and discard the red syringe cap.**
5. **Gently pull back the patients cheek just enough to put the end of the syringe into the side of the mouth between the gum and cheek. Angle the syringe to ensure that the end is well within the buccal cavity.**
6. **Slowly press the syringe plunger to release the full amount of BUCCOLAM into the side of the mouth. It may be easier to give about half the BUCCOLAM dose into one side of the mouth and the other half into the other side.**
7. **After giving BUCCOLAM keep the empty syringe to give to the paramedic/parent so they know what dose has been given. Make a note of the time BUCCOLAM was given, duration and type of seizure.**
8. **As soon as possible, move the patient into the recovery position.**
9. **Remain with person until recovered. Usual absorption time is 4-10 minutes.**
10. **Observe breathing and colour. BUCCOLAM can make breathing shallow.**
11. **If difficulties giving BUCCOLAM or concern following administration, follow care plan attached.**

Name of Child/Young Person:

(i) Seizure Type:

- Known triggers if any:
- Description of seizure:
- Usual duration:
- Recovery time:

(ii) Seizure Type

- Known triggers if any:
- Description of seizure:
- Usual duration:
- Recovery time:

BUCCOLAM (MIDAZOLAM) TREATMENT PLAN

1. WHEN SHOULD **BUCCOLAM (MIDAZOLAM)** BE ADMINISTERED? (Note should include whether it is after a certain length of time or number of seizures)

SEIZURE TYPE (i):

SEIZURE TYPE (ii):

2. IN THESE CIRCUMSTANCES **BUCCOLAM (MIDAZOLAM)** SHOULD NOT BE GIVEN:

3. WHO SHOULD WITNESS THE GIVING OF **BUCCOLAM (MIDAZOLAM)**?

4. DOSE: HOW MUCH **BUCCOLAM (MIDAZOLAM)** IS TO BE GIVEN? (In milligrams)



Name of Child/Young Person:

5. WHAT IS THE PERSON'S USUAL REACTION TO BUCCOLAM (MIDAZOLAM)?

Patient feels drowsy after administration.

6. IF THERE ARE DIFFICULTIES IN THE ADMINISTRATION OF BUCCOLAM (MIDAZOLAM) e.g. DRIBBLING, MISSING THE MOUTH DUE TO SUDDEN JERK/CONVULSIONS. WHAT ACTION SHOULD BE TAKEN? The whole dose can be squirted into one side. Abandon attempt and call 999 if BUCCOLAM lost due to excess dribbling and seizure continues.

7. CAN A SECOND DOSE OF BUCCOLAM (MIDAZOLAM) BE GIVEN?

8. IF YES, HOW LONG AFTER THE 1ST DOSE CAN THE 2ND DOSE BE GIVEN IF THE SEIZURE CONTINUES?

9. IF YES, HOW MUCH IS TO BE GIVEN?

10. WHAT IS THE MAXIMUM DOSE OF BUCCOLAM (MIDAZOLAM) THAT CAN BE GIVEN IN A 24 HOUR PERIOD?

11. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP?

12. WHO NEEDS TO BE INFORMED IF BUCCOLAM (MIDAZOLAM) IS GIVEN?

NAME:

TEL:

NAME:






TEL:

NAME:

TEL:

Name of Child/Young Person:

Health Care Plan Agreed by:

PARENT/GUARDIAN/CHILD:	Signature 	Date
PERSON WHO PRESCRIBED THE BUCCOLAM (MIDAZOLAM):	Signature 	Date
HEAD TEACHER/HEAD OF RECEIVING ORGANISATION:	Signature 	Date
AUTHORISED PERSON WHO HAS BEEN TRAINED TO GIVE BUCCOLAM (MIDAZOLAM):	Signature 	Date
AUTHORISED PERSON WHO HAS BEEN TRAINED TO GIVE BUCCOLAM (MIDAZOLAM):	Signature 	Date
AUTHORISED PERSON WHO HAS BEEN TRAINED TO GIVE BUCCOLAM (MIDAZOLAM):	Signature	Date
AUTHORISED PERSON WHO HAS BEEN TRAINED TO GIVE BUCCOLAM (MIDAZOLAM):	Signature	Date

EXAMINER

Name of Child/Young Person:

FIRST AID FOR SEIZURES

CONVULSIVE SEIZURES

- **Do not** move child/young person during the seizure, unless in danger
- **Do not** put anything between the teeth
- **Do not** restrict their movement
- **Do not** give anything to eat or drink until fully conscious
- Do protect head from injury by carefully placing something soft under head
- Do turn them onto their side into the recovery position as soon as jerking stops or earlier if breathing is difficult, or he/she has vomited
- Do stay with the child/young person until fully recovered
- Do talk to the child/young person, even though you think they may be unable to hear you
- Note length of seizure, follow Care Plan and Record

NON- CONVULSIVE SEIZURE

- Do not try to stop the seizure
- Guide away from danger
- Be understanding and talk reassuringly throughout the seizure
- Repeat any instructions/information which may have been missed
- Note length of seizure, follow Care Plan and Record

Name of Child/Young Person:

RECORD OF USE OF BUCCOLAM (MIDAZOLAM)					
DATE	03/05/2020				
RECORDED BY	Mary Jones				
TYPE OF SEIZURE	Convulsive seizure				
LENGTH AND/OR NUMBER OF SEIZURES	2 minutes				
INITIAL DOSE AND TIME	10mg in 2mL at 10:36 am				
OUTCOME	Patient recovered after first dose.				
SECOND DOSAGE/TIME (ONLY IF AGREED ON CARE PLAN AND SIGNED BY THE PERSON WHO PRESCRIBED)	n/a				
OUTCOME	n/a				
OBSERVATIONS	Trigger: lack of sleep				
PARENT/CARERS INFORMED	Yes - Mrs Sarah Smith				
PRESCRIBING DOCTOR INFORMED	Yes - Dr John Doe				
OTHER INFORMATION	n/a				
WITNESS	Susan Wilson				
RE-ORDER BUCCOLAM (MIDAZOLAM)?	No				
NAME OF PERSON RE-ORDERING	n/a				
DATE	n/a				