

Emergency Medication Management Plan

Midazolam **(only to be administered by a trained person)**

Attach this document to your Epilepsy Management Plan if midazolam is prescribed

This Emergency Plan should be completed by the prescribing doctor in consultation with the person and/or their family or carer. It must be attached to their epilepsy management plan which has been signed by their doctor.

Midazolam Management Plan for			
1. DATE		2. DATE TO REVIEW	
3. DRUG NAME		4. DATE OF BIRTH	

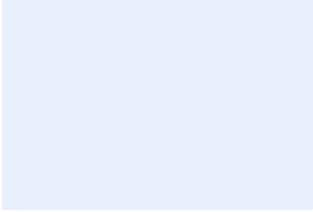
5. FIRST DOSE	INTRANASAL <input type="checkbox"/>	BUCCAL <input type="checkbox"/>
First dose = mg ml		
For single seizures: (Please name seizure type)		
<input type="checkbox"/> As soon as a seizure begins		
<input type="checkbox"/> If the seizure continues longer than minutes		
For clusters of seizures: (Please name seizure type)		
<input type="checkbox"/> When (number) seizures have occurred in mins or hrs		
<input type="checkbox"/> Other (please specify)		
Special instructions:		

6. SECOND DOSE
Second dose = mg ml
<input type="checkbox"/> Not prescribed OR
<input type="checkbox"/> If the seizure continues for another minutes following the first dose
<input type="checkbox"/> If another seizure occurs within mins or hrs following the first dose
<input type="checkbox"/> Other (please specify)
Special instructions:

7. MAXIMUM NO. OF MIDAZOLAM DOSES TO BE GIVEN IN A 24-HOUR PERIOD:	
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8. DIAL 000 TO CALL THE AMBULANCE IF:
<input type="checkbox"/> It is the first time the person is administered midazolam
<input type="checkbox"/> If the seizure has not stopped after minutes after giving the midazolam
<input type="checkbox"/> Other (please specify)

9. DESCRIBE WHAT TO DO AFTER MIDAZOLAM HAS BEEN ADMINISTERED:**10. PRESCRIBING DOCTOR OR SPECIALIST**

NAME OF DOCTOR			
SIGNATURE			
PHONE		DATE	

11. FAMILY/CARERS TO COMPLETE

Any special instructions e.g. storage of medication, when on outings etc. or people to contact if emergency medication is given.

NAME			
RELATIONSHIP			
SIGNATURE		DATE	
PHONE			
EMAIL			

For more information

Epilepsy Foundation of Victoria
818 Burke Road Camberwell VIC 3124
phone (03) 9805 9111 or 1300 852 853
fax (03) 9882 7159 web www.epinet.org.au