

# Emergency Medication Management Plan Midazolam

**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.

1. DATE \_\_\_\_\_ 2. DATE TO REVIEW \_\_\_\_\_

3. NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

4. DRUG NAME \_\_\_\_\_

Method of administration    Intranasal     Buccal

**5. First dose**

First dose = \_\_\_\_\_ mg \_\_\_\_\_ ml

**For single seizures:**

- As soon as a \_\_\_\_\_ (seizure type) seizure begins
- If the \_\_\_\_\_ (seizure type) continues longer than \_\_\_\_\_ minutes

**For clusters of seizures:**

- When \_\_\_\_\_ (number and type of) seizures have occurred in \_\_\_\_\_ mins/hrs
- Other (please specify) \_\_\_\_\_

**6. Second dose**

Second dose = \_\_\_\_\_ mg \_\_\_\_\_ ml

- Not prescribed

**OR**

- If the \_\_\_\_\_ seizure continues for another \_\_\_\_\_ minutes following the first dose
- If another \_\_\_\_\_ seizure occurs within \_\_\_\_\_ mins/hrs following the first dose
- Other (please specify, including when to administer in relation to the first dose)

7. Total number of midazolam administrations authorised to be given in a 24-hour period = \_\_\_\_\_

**8. Describe what to do after midazolam has been administered:**

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**9. DIAL 000 to call the ambulance if:**

- It is the first time the person is administered midazolam
- If the seizure has not stopped after \_\_\_\_\_ minutes after giving the midazolam
- Other (please specify) \_\_\_\_\_

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**10. Prescribing doctor or specialist**

NAME OF DOCTOR

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SIGNATURE

DATE

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PHONE

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**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.

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NAME

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RELATIONSHIP

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SIGNATURE

DATE

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PHONE

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EMAIL

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**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](http://www.epinet.org.au)

# Guidelines for Creating an Epilepsy Foundation of Victoria Emergency Medication Management Plan

When someone is prescribed an emergency medication by the treating doctor for their epilepsy this information can be usefully contained in an Emergency Medication Management Plan. The plan should be completed by the doctor who provides the epilepsy medical management or prescribes the medication. The following information will help the prescribing doctor and family or carer to create a plan that is clear and accurate. The Epilepsy Foundation of Victoria has plans available for use. Training in the administration of an emergency medication for epilepsy is recommended by the Epilepsy Foundation of Victoria.

## 1. Date of plan

Use the date the doctor completed the person's plan.

## 2. Date to review the plan

The plan should be reviewed and revised annually or more frequently if there is a change of circumstances or information that should be recorded in the plan, such as a change in the dose of medication or when it can be administered.

## 3. Personal details

Ensure the person's full name and date of birth are correct.

## 4. Drug name

Write the emergency medication name in full. State the route of administration e.g. buccal<sup>1</sup> or intranasal for midazolam. Some doctors tick both boxes to give flexibility and choice. As a general guide, young children usually receive midazolam intranasally and older children and adults by the buccal route. Extra information may be added here, e.g. if the midazolam is in a pre-drawn syringe or rectal valium is in an enema vial.

## 5. Give first dose

You must write out the first dose of the emergency medication in full e.g. *5mg in 1ml*.

**For single seizures:** select the preferred option by ticking the appropriate box. It is vital to state for which seizure the medication is to be given e.g. tonic clonic, and when it should be given e.g. if the seizure continues for 5 minutes or longer.

**For clusters of seizures:** must specify how many seizures are to have occurred before the first dose is administered or write other specific instructions.

## 6. Give second dose

If a second dose is authorised write out the second dose of emergency medication in full e.g. *5mg in 1ml*.

Be specific about for which seizure type and at what time the dose is to be given in relation to the first dose.

## 7. Specify number of emergency medication doses in a 24-hour period

Specify how many doses can be given in a 24-hour period. This section is often overlooked but is very important. Maintaining seizure and medication records is vital, especially when people on emergency medication orders move from home to school or day placement and back again or when staff change shifts.

## 8. Describe what to do after emergency medication has been administered

This information will be very specific to the person with epilepsy and the way they usually recover from their seizures. It is helpful if the doctor can specify how long it is necessary to supervise someone after they have been given an emergency medication for epilepsy.

## 9. Call an ambulance if ...

Clearly indicate when to call an ambulance by selecting the appropriate option. If the person with epilepsy has not had the emergency medication before, or the person administering it hasn't given emergency medication before, we strongly recommend an ambulance be called prior to administration.

## 10. Epilepsy specialist or other doctor who prescribed the emergency medication

Please ensure this section is signed and dated by the treating or prescribing doctor. It is also useful to include a contact telephone number to be used if any of the doctor's instructions need clarifying.

## 11. Family/carers to complete

Include other specific instructions in this section e.g. information about storage and safe transporting of medication outside the home (use an insulation pack in hot weather), for outings, school camps or people to contact if the emergency medication has been administered. It is also helpful if the family member or carer who has the greatest involvement with the person's epilepsy completes this section with their name, signature, date and relationship to the person with epilepsy.

## Other considerations about emergency medication

- Are there any workplace, school or health care agency policies in relation to administering an emergency medication for epilepsy?
- Who is responsible for ensuring the plan is completed and regularly reviewed?
- Who checks the expiry date of the medication?
- Who is responsible for ensuring the person has a current script for the emergency medication and an ongoing supply?
- Who has a copy of the plan and where is it located?
- Where is the emergency medication stored? List all locations.
- Remember to record the date/time/dose of all emergency medication administered.

## Disclaimer

The Emergency Medication Management Plan is available in print and electronic format, and under no circumstances should the format be modified in any way.

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1 Buccal: inside the cheek cavity, between the gum and the teeth.

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# The Use of Midazolam for the Emergency Management of Seizures

## What is midazolam?

Midazolam, also known as hypnovel, is a short acting benzodiazepine. It is a sedative or hypnotic drug mainly used for medical and surgical procedures.

## Why is midazolam used for some people with epilepsy?

Most seizures are spontaneous, brief and self-limiting but some people with epilepsy can have seizures that continue unless there is emergency intervention. These seizures may be referred to as clusters, prolonged seizures or status epilepticus. Midazolam is used for the emergency management of seizures because it has the ability to stop the seizures very quickly. It may be prescribed for someone with epilepsy when:

1. A person has seizures that last longer than 5 minutes
2. A person has a pattern of cluster seizures – seizures that recur close together
3. A person has a history of status epilepticus
4. A person lives in a rural area and emergency services are unable to respond quickly.

## How is midazolam given for seizure management?

Non-medical people can be trained to administer midazolam in the following ways:

1. Buccal – slowly trickled into the side of the mouth, between the gums and cheek
2. Intranasal – dripped slowly into the nasal passage from the ampoule or via a nasal atomiser device, which can attach to a syringe.

The blood vessels in the cheek and nose absorb the midazolam and the drug usually works quickly to stop the seizure. Ambulance officers and medical practitioners are able to give midazolam intramuscularly (into the muscle) or intravenously (into the vein).

## How is midazolam packaged?

Midazolam is a clear, colourless liquid and is available in both plastic and glass ampoules (**only use the plastic ampoules**)<sup>1</sup>. Traditionally, this medication has been designed for hospital use and will be labeled for 'slow IV' (intravenous), or 'IM' (intramuscular) use, but can also be administered via the buccal or intranasal route.

The drug can be dispensed in two ways for administration by non-medical people:

1. A 5mg: 1ml plastic ampoule (**remember, don't use the glass ampoule**) or
2. Your pharmacist can prepare the midazolam in a plastic syringe. The correct dose is pre-drawn in each syringe and the drug is dispensed from the syringe without needing to attach a needle. The drug has a much shorter shelf life if prepared by the pharmacist in a syringe compared to the plastic ampoules.

## Possible side-effects of midazolam

- Drowsiness, tiredness, weakness, nausea
- Rare side-effects: agitation and mood alteration. Shallow and slow breathing where mouth to mouth resuscitation may be required.

A test dose under medical supervision may be recommended or the ambulance can be called prior to the administration of the first dose. This issue should be discussed with the prescribing doctor before the medication is used for the first time.

## Storage

- Keep out of reach of children
- Protect from light and store at room temperature (below 25° C)
- Regularly check the expiry date.

## What information do you need from the doctor if midazolam is prescribed?

The Epilepsy Foundation of Victoria has an Emergency Medication Management Plan for the prescribing doctor to complete. This should be signed and dated and include the following essential information:

1. How much to give – dose will be written as \_\_\_\_\_ mg \_\_\_\_\_ ml, and which route (buccal or intranasal)
2. When to give the first dose and for which seizure type
3. If a second dose can be given, the dose and when it is to be given must be specified
4. How many doses can be given in a 24-hour period
5. When to call an ambulance.

## If you are required to give midazolam, consider the following:

For families, carers and support workers:

1. Training should be person or client specific
2. It is important you understand and follow the Emergency Medication Management Plan. You must know the dose and for which seizure type and at what time you are instructed to give the medication
3. You know when to call the ambulance
4. You know how to do CPR.

## Additional considerations for workers:

1. Your CPR first aid certificate is current
2. You understand and follow your workplace policies in relation to managing epilepsy and administering medication
3. Your workplace should arrange training for you prior to administering midazolam for the first time.

## Training and support

The Epilepsy Foundation of Victoria provides training in the administration of midazolam and the development of Emergency Medication Management Plans for family or staff supporting a person with epilepsy. Contact the Epilepsy Foundation of Victoria for further information about training and any costs involved.

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- 1 Glass ampoules cannot be put into a person's mouth directly for buccal administration. Glass ampoules increase the risk of injury due to possible breakage and the need to use a needle and syringe to draw up the medication.

### For more information

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# Epilepsy Support and Management Package

## Feedback Form

We encourage you to provide feedback about the Epilepsy Support and Management Package or the individual documents from that package that you have received. This will enable us to ensure it meets the needs of people with epilepsy and their family/carers, as well as other support workers. All comments are appreciated and will be treated with confidentiality.

1. **Name:** ..... **Contact No:** ..... (Optional)

2. **Are you a:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Person with epilepsy      | <input type="checkbox"/> Aged care worker               | <input type="checkbox"/> Secondary school teacher |
| <input type="checkbox"/> Family member             | <input type="checkbox"/> Disability support worker      | <input type="checkbox"/> Integration aide         |
| <input type="checkbox"/> Doctor                    | <input type="checkbox"/> Early childhood worker/teacher | <input type="checkbox"/> School Nurse             |
| <input type="checkbox"/> Neurologist/paediatrician | <input type="checkbox"/> Primary school teacher         | <input type="checkbox"/> Other:.....              |

3. **Name of Organisation:** .....

**If you have the Epilepsy Support and Management booklet please complete Section 1 & 2**  
**If you have received single document/s please complete section 2**

### Section 1

1. **Would you recommend the package to someone else?** **Yes / No**

Why/ Why not?.....  
 .....

2. **Please circle your response to the following statements (with 1 being strongly disagree and 5 being strongly agree)**

<b>Package Introduction &amp; Instructions</b>	<b>Strongly Disagree</b>	<b>Agree</b>			<b>Strongly Agree</b>
There is adequate information provided on how to use the package	1	2	3	4	5
The table of contents is clear	1	2	3	4	5
I understand my role, and the role others play in managing the person's epilepsy	1	2	3	4	5

**Comments:**

Please add any comments or suggestions you would like to make

.....  
 .....  
 .....  
 .....  
 .....

## Section 2

1. Please tick the box corresponding to the document/s you have used and then circle your response to the following questions (with 1 being strongly disagree and 5 being strongly agree)

Individual Document/s	Strongly Disagree		Agree		Strongly Agree
<input type="checkbox"/> Epilepsy Management Plan is easy to complete	1	2	3	4	5
<input type="checkbox"/> The Emergency Medication Plan (midazolam or rectal valium) is easy to complete	1	2	3	4	5
<input type="checkbox"/> The seizure record page is useful	1	2	3	4	5

### Guidelines and Support Materials

<input type="checkbox"/> The Guidelines for Creating a Management Plan are helpful	1	2	3	4	5
<input type="checkbox"/> Guidelines for Creating an Emergency Medication Plan are helpful	1	2	3	4	5
<input type="checkbox"/> The Guidelines for Recording Seizures are helpful	1	2	3	4	5
<input type="checkbox"/> When to Call an Ambulance is helpful	1	2	3	4	5
<input type="checkbox"/> The Use of Midazolam for Emergency Management of Seizures is informative	1	2	3	4	5
<input type="checkbox"/> The use of Rectal Valium for Emergency Management of Seizures is informative	1	2	3	4	5
<input type="checkbox"/> Information about Training for Families is useful	1	2	3	4	5
<input type="checkbox"/> Information about Training for Organisations in the use of emergency medications is useful	1	2	3	4	5
<input type="checkbox"/> Epilepsy Support and Management for Organisations is useful	1	2	3	4	5
<input type="checkbox"/> Top Ten Tips for living with epilepsy is useful	1	2	3	4	5
<input type="checkbox"/> Seizure first aid is useful	1	2	3	4	5

### Comments:

Please add any comments or suggestions you would like to make

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**Thank you for taking the time to provide feedback which is appreciated.**

**Please return in the prepaid envelope provided, or alternatively scan and email to: [epilepsy@epilepsy.asn.au](mailto:epilepsy@epilepsy.asn.au) or fax to: 9882 7159**