epilepsy action

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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 _____

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?

_____

_____

Who needs to be told that buccal midazolam has been given?

1. The person's parent or guardian

Name: _____ Tel: _____

2. Anyone else?

Name: _____ Tel: _____

Name: _____ Tel: _____

A record must be kept of every time buccal midazolam has been given

This plan has been agreed by the person who prescribed the buccal midazolam and the authorised people listed below. The person with epilepsy or their parent or guardian should also sign, as well as the employer of the person who gives the buccal midazolam.

The person who prescribed the buccal midazolam

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Authorised people who have been trained to give buccal midazolam

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

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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:				
Length and/or number of seizures:				
First dose:				
Outcome:				
Second dose (only if agreed on care plan and signed by the person who prescribed)				
Outcome:				
Parent/guardian informed:				
Prescribing medical practitioner informed:				
Other information:				
Witness:				
Re-order buccal midazolam?				
Name of person re-ordering:				
Date:				