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**Emergency Medication Management Plan**

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

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| Midazolam Management plan for: | Date of Birth: |
| Date of plan: | Weight: |
| Administration method:  BUCCAL  INTRANASAL  Nasal atomiser  Drip | |

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| **1.FIRST DOSE Midazolam** | | | | | | | | | | | | | |
| First dose= |  | mg |  | ml | | | | | | | | | |
| **For single seizures:**  As soon as a | | | | | | *(seizure type)* begins | | |  | | | | |
| If the | | | | | | *(seizure type)* continues longer than | | |  | | mins | | |
| **For clusters of seizures:** | | | | |  | | | |  | | | | |
| When |  | *(number*) | | | | | *(seizure type)* occur/s within |  | | mins | |  | hrs |
| Other *(please specify)*:  Special instructions: | | | | | | | | | | | | | |

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| **2.SECOND DOSE Midazolam** | | | | | | | | | | | | | |
| Second dose= |  | | mg | |  | ml | | | | | | | |
| Not prescribed OR | | | | | | | | | | | | | |
| If the | | | | | | *(seizure type)* continues for another | |  | mins following the first dose | | | | |
| When another | |  | | (*number*) | | | *(seizure type)* occur/s within | | |  | mins |  | hrs |
| following the first dose | | | | | | | | | | | | | |
| Other *(please specify):*  Special instructions: | | | | | | | | | | | | | |

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| **3.Maximum number of Midazolam doses to be given in a 24-hpur period** |
| Maximum number: |

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| **4. Dial 000 to call the ambulance:** | |
| Prior to administering Midazolam | |
| If the Seizure has not stopped | minutes after giving the Midazolam |
| Other (*please specify):* | |

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| **5.Describe what to do after Midazolam has been administered:** |
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| **6. Prescribing doctor or specialist** | |
| Name of doctor: | |
| Telephone: | Date: |

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| **Signature**: | Insert jpeg here |

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| **7. 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: |
| Telephone: | Date: |
| Email: | |

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| **Signature:** | Insert jpeg here |

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| Recommended MIDAZOLAM storage information:   * Keep out of reach of children * Protect from light and store at room temperature (below 25° C) * Regularly check the expiry date |