



Emergency Medication Management Plan

Midazolam (Only to be administered by a trained person)

| | |
|---|----------------|
| Midazolam Management plan for: | Date of Birth: |
| Date of plan: | Weight: |
| Administration method: BUCCAL <input type="checkbox"/> INTRANASAL <input type="checkbox"/> Nasal atomiser <input type="checkbox"/> Drip <input type="checkbox"/> | |

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:

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:

3. Maximum number of Midazolam doses to be given in a 24-hr period

Maximum number:

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):

5. Describe what to do after Midazolam has been administered:

6. Prescribing doctor or specialist

Name of doctor:

Telephone:

Date:

Signature:

Insert jpeg here

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:

Signature:

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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