  
**Emergency Medication Management Plan**

**Midazolam (Zyamis Prefilled Syringe)**

(only to be administered by a trained person)

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| Midazolam – Zyamis Management Plan for: text |
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| Date of Birth: text | Date of plan: text | Weight: text |

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| Administration method: BUCCAL |

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| 1. **FIRST DOSE** Midazolam (Zyamis) |

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| **First dose prefilled syringe =**  **5mg/0.5ml (Blue)**  **7.5mg/0.75ml (Purple)**  **10mg/1ml (Orange)** |

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| **For single seizures:** |
| As soon as a text *(seizure type)* begins |
| If the text*(seizure type)* continues longer than text mins text hrs |
| Special instructions: text |
| **For clusters of seizures:** |
| When text *(number*)text (seizure type) occurs within text mins text hrs |
| Other *(please specify):* text |
| Special instructions: text |

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| 1. **SECOND DOSE** Midazolam (Zyamis) |

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| **Second dose prefilled syringe =**  **5mg/0.5ml (Blue)**  **7.5mg/0.75ml (Purple)**  **10mg/1ml (Orange)** |

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| Not prescribed OR |
| If the text *(seizure type*) continues for another text mins following the first dose |
| When another text *(number*) text (seizure type) occur/s within text mins text hrs following the |
| first dose |
| Other *(please specify):* text |
| Special instructions: text |
| 1. **Maximum number of Midazolam doses to be given in a 24-hour period** |
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| Maximum number: text |

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| **4. Dial 000 to call the ambulance:** |

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| Prior to administering Midazolam  Immediately after administering Midazolam  If the seizure has not stopped text minutes after giving the midazolam  If injured or has difficulty with breathing  Other (please specify): text |

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| 1. **Describe what to do after Midazolam has been administered:** |

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| * Continue to provide seizure first aid, keeping me safe from injury. Continue to time and monitor the seizure. * If possible, keep me on my side to protect my airway. If this is not possible, turn my head to the side. * It in a wheelchair or car seat, leave me seated and continue to support my head and protect my airway. * Document time Midazolam was given, when ambulance called and when seizure activity stops. * Stay with me and monitor: * For shallow or slow breathing, change of facial colour * Other: text |

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| 1. **Prescribing medical practitioner** |

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| Name of medical practitioner: text |

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| Telephone: text | Date: text |
| Signature: text | |

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| 1. **Storage and family special instructions** |

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

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| Relationship: text | Telephone: text |

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| Signature: text | Date: text |

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