
**Emergency Medication Management Plan**

**Midazolam (Zyamis Prefilled Syringe)**

(only to be administered by a trained person)

|  |
| --- |
| Midazolam – Zyamis Management Plan for: text |
|  |

|  |  |  |
| --- | --- | --- |
| Date of Birth: text | Date of plan: text | Weight: text |

|  |
| --- |
| Administration method: BUCCAL  |

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

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

|  |
| --- |
| **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 |

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

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

|  |
| --- |
| [ ]  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**
 |
|  |
|  Maximum number: text |

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

|  |
| --- |
| [ ] 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 |

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

|  |
| --- |
| * 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
 |

|  |
| --- |
| 1. **Prescribing medical practitioner**
 |

|  |
| --- |
| Name of medical practitioner: text |

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

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

|  |
| --- |
| Recommended MIDAZOLAM storage information:Keep out of reach of childrenProtect 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  |

|  |  |
| --- | --- |
| Relationship: text | Telephone: text |

|  |  |
| --- | --- |
| Signature: text | Date: text |

PO Box 1834, Launceston TAS 7250

31 Thistle St, South Launceston TAS 7249

1-7 Liverpool St, Hobart TAS 7000

**P:** 1300 852 853 or 03 63446881

**E:** education@epilepsytasmania.org.au

[**www.epilepsytasmania.org.au**](http://www.epilepsytasmania.org.au)